age	2411 N. Char	elea St., Baltimore (CH2)
e de	CERTIFICA	TE OF DEATH Reg. Diat. No. 144
The correct a	1. PLACE OF DEATH: County Tredericks	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinite give residence of mother)
	City or town (If outside city or town limits, write RURAL and give nearest town)	State County Tulline County Co
carefully and	How long in above place of death? Hospital, Institution, or street address where death occurred:	(If cotside city of fiven limits, write RURAL and give nearest town)
. 0	How long in hospital or institution?	(1f rural, give LOCATION) 2.(a) If veteran, name war
information of death el	3. (a) FULL NAME	3. (b) Social Security Number
	4. Sex 5. Color or pre 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
causes	mule white married	20. DATE OF DEATH 6.29. 45 19 19 19 19
	8.(6) Name of husband or wife tanne 6. thooks	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7 4	7. Birth date of	and that I last saw h J.C.I. Sure on 19.
Ly Wri	deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
Supply	8.3 /0/ 20min.	applyxiolon due Zouis
ADING INK. Supp Physicians: please	8. Birthplace middleton trulk Ev. my	Due to.
	10. Usuat occupation	Due to
NFADING nt. Physicia	11. Industry or business	
d Fr.	13. Birthplace Widdleton ma	Diher conditions
ب	14. Malden name land herr 15. Birthplace Middletown ma	(Include pregnancy within 3 months of death)
VITH	15. Birthplace Middleton ma	Major findings of operations
Elly,	16. Informant Drs tanne 6, alaly	Autopsy results.
CAINLY	Address human, ma A. F.h.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
PLAIN s espec	(Barlal, cremation, or reporal, Whigh?) Date thereof (month) fday) (year)	A Vicident, suicide, or homicide & uscall Bate pt 6.29.45
E	Cemetery or crematory the the telephone	Where did injury occur? (City of town) (Coonty) (State)
WRIT	Location middleton may	Injured at home, farm, industry, public place (where?)
H	18. Funeral director M. S. Culanti Types	Means of Injury Hanging Injured at work?
	Address them ont ma	23. SIGNATURE P.W. Ban Ex.
U	19. July 1 19 45 Blanche S. Eyler	23. SIGNATURE M. D. or other M. D. or other Address Freduces and Balance 6.29 . 46



The correct age

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



T	06	03	6	
Rev. Di	at. No.	te	34	7

		CERTIFICA	Reg. Diat. No.		
City or town(If o	of death? Life street address where to r institution?	etime leath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Maryland State Johnsville (if outside city or town limits, write RURAL and giva nearest town) Street No. (if rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number		
	Margi	e Alice Ainsworth	None		
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Widowed	2D. DATE OF DEATH AND LOCAL CERTIFICATION		
7. Birth date of	Novem	A Ainsworth	21. I CERTIFY that death occurred on the date above stated, that I attended deceased from		
	5 Mooths	Days If less than one day Ohrsmle	Inimediate cause of deaths DURATION DURATION		
19. Usual occupation 11. Industry or busines 12. Name	Housewife At Home Abraham S Maryland	S Diehl	Due to Due to Diher conditions (Include pregnancy within 3 months of death)		
14. Matten pame Jennie Waltz 15. Birthplace Maryland 16. Informant Mrs Mildred Selby			Major findings of operations. Date of op.		
M+		According to the second	PHYS1CIAN: Please underline the cause to which death should be charged statistically.		
Buri (Burial, cremation Cemetery or cremate	al or removal. Which?) Rocky	June 13 1945	Where did injury occur?		
Location			Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?		
		Ller & Sons & New Windsor Md	23. SIGNATURE TIMESOM. M. W.		
18. (Date rec'd by re	gistrar)	MD Curfued Registra	Address Africa 19 40 Bay signed my		

Tobneyille Johnsyille Lifetine

haryland Johnsville

f synon sal fed motell

Margie Altee Atesworth

JUN 13 1945 BURRAU V.A.

Housewife

At Home Abrehom S Dieni Meryland Jennie Welts

banfgred

Tra Wilered Beiby

Burtel | June | Latrum

Rocky hill Genetory

D.I. Hartsler & Sons Unlon Bridge & New Findcon Md

BEOK

X-15-165

VS A15

Place of burial is shown on FILM No.G 9 5 JUN 16 1945 CERTIFICATE OF DEATH PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

Reg. Diat. No...

1. PLACE OF DEATH	Fre	deric	k	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County State		rium.	Mary land URAL and give nearest town)	State Maryland Coun	ty	***************************************
(If outsi	de city or town lin	nits, write R	URAL and give nearest town)	City or town Baltimore (If outside city or town limits,	The DATE of the second	
How long in above place of d Hospital, Institution, or stre	eath?et address where d	eath occurred		Street No. 1808 E. Fairs	MILE RURAL AND GIVE BES	rest town)
Maryland	Tubercu	losis	Sanatorium	Street No. (If rural, give I	LOCATION)	/
How long in hospital or ins	Hutlon? Sin	ce 5/	26/45	2.(a) It veteran, name war		4/
3. (a) FULL NAME					3. (b) Social Security	Number
Franc	es M. E	leck			None	
4. Sex 5.	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Ma	rri ed	20, DATE OF DEATH June 9	19. 4.5	at 3:40A M
6.(b) Name of husband or	xx Edwa	rd J.	Beck	21. I CERTIFY that death occurred on the date abov	e stated; that I attended decea	sed from
) It elive, give age25years	May 26 19.4	45 dune	19.4.5
7. 6irth date of deceased (mo., day, yr.)	March			and that I last saw h.e.ralive onJ.ur		
8. AGE: Years	Months	Days	If less than one day	Pulmonary Tubercu		DURATION 45 Yrs.
25	3	0	hrs		LV.D.LB	4.2
e eletholose Bal	timore.	Md.	tate)	Zekik		
				Laryngeal Tubercu	losis	2 Yrs.
10. Usual occupation	Housewi	I.e	***************************************	Due to		
11. Industry or business						***************************************
		cijus	ki	Dther conditions	***************************************	
	Poland			(lnclude pregnancy within 8 m	onths of death)	
14. Malden aame	Mary Dr	uze		Major findings of operations		
14. Malden name	Poland					
16. Informant	Decease	d		Autonay results	***************************************	8002-01180000000000000000000000
Address				PHYSICIAN: Please underline the cause to whi		statistically.
		Date ther	6/13/45 (month) (day) (year)	22. VIOLENCE: It death was due to external caus		
17 Burial (Burial, cremation, or	removal. Which?)	//////	(month) (day) (year)	Accident, sutcide, or homicide		
cemetery of Real timor of Mary Land				Where did injury occur?(City or town)		
				Injured at home, farm, industry, public place (wh		
18. Funeral director	M. L.	Creas	er & Son	Means of injury	Injured at work?	
Address			larykand	O B. L		
			Mah	23. SIGNATURE.	700 M. D.	XM F
19. Date rec'd by regis	19	**	Registrar	AddressState Sanatoriu		

RECEIVED

BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2111 N. Charles St., Daitimore

)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mc County Fracle
(If ontside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or the (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 25 Best Patrick St
Frederic Ceity Hospital	(If rural, give LOCATION)
How long to hospitat or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME John Selman	Bield 3. (b) Social Security Number 214-10-2973
4. Sex 5 Golor or race 6.(a) Single, married, widowed, az divorced.	MEDICAL CERTIFICATION
male while married	20. DATE OF DEATH. Au 19 19 45 at 5.15 PM
8.(b) Name othusband or wife Pauline Faulle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	dead 19 10 19 15
deceased (mo., day, yr.) freme 30 1906	Immediate cause of death DURATION
8. AGE: Years Months Days If tess than one day	Custing uying to 2 day
38 // /9hrsmin.	Chery Ylahldafun
9. Birthplace Trades Trades Md (Town, county, and state)	Due to.
10. Usual occupation. Pleasales a roofers	Bus to
11. Industry or business Plumbring & rooping	00.0
12. Name Bery. B. Biekl 13. Birthplace Chron Co. mel	Other conditions
	(Include pregnancy within 5 months of death)
14. Malden name. Macy Eylor 15. Birthplace Frederick, Ind	Major findings of operations
m. B. Bieho	Antopsy results
Address Frederick Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Been al 6/22/45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Whichit) (month) (day) (year)	Accident, suicide, or homicide. A California Dale of Co.
Cemetery or exemptory MT ZION	(City or town) (County) (Synte)
Location Feed Frederick Coo	Injured at home, farm, industry, public place (where?)
18. Funeral director Hary E. Garty Can	Means of Injury Williams Injured at work?
Address Frederick, mid.	23. SIGNATURE PLNDS
19 21 Eline 1945 - Elizabeth & Heck.	M. D. or other
(Date redd by registrar) Registrar	Address Fueluss 14 Date signed 6.20.45

HYARI TO TEACHERS

RECEIVED
JUN 23 1945
BURNAU V.R

2411 N. Charles St., Baltimore 1862

	06!	13	1	
eg Di	st No	1	3	1

			Reg. Dist. No
1. PLACE OF DEATH: COUNTY Frederick		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	DE DECEASED:
Frederick			unty Frederick
(If outside city or town limits, write RURA) How long in above place of death? Life time	L and give nearest town)		a, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	•••••••••••••••••••••••••••••••••••••••	Street No. 316 East Patr	
East Patrick Street		(If rural, give	LOCATION)
How long in hospital or institution?	***************************************	2.(a) If veteran, name war	
3. (a) FULL NAME CHARLES OLIVE	CR BOWERS		3. (b) Social Security Number 217-10-0517
4. Sex 5. Color or race 6.(a) Single, mars	led, widowed, or diverced	MEDICAL C	ERTIFICATION
Male White Singl	0	20. DATE OF DEATHJune 28	19
B.(8) Name of husband or wife	***************************************	21. I CERTIFY that death occurred on the date abo	
7. Birth date of deceased (mo., day, yr.) March 23, 190		and that I last saw ir	Justine 28 19 84
	less than one day	Immediate cause of death	2 HO OF A DURATION
39 3, 5	hrs min.	F. Co Curr	IT MINES MY
9. Birthplace	nd	Due fo. Fall for	haddy they
11. Industry or business None	***************************************	Due to	
John V. Bowers 13. Birthplace Frederick, Maryla		Dther conditions	
14. Maiden name Ruth C. Burke		(Include pregnancy within 8 major findings of operations.	
			Date of op
18. informant Mrs. John V. Bowe	rs	Autopsy results	
Address Frederick, Maryla	nd	PHYSICIAN: Please underline the cause to wi	
Burial Date thereof	July 1, 19,5	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	
Cemetery or Mt. Olivet Cem		Where did injury occur?	(County) (State)
Location Frederick, Mar	yland	Injured at home, farm, industry, public place (w	
18. Funeral director. C. E. Cline &	Son	Means of injury fall four hi	ada Palnjured at work?
Address Frederick, Mar	vland .	Pris	SVE DOES
19. 29- LUME 19 17.5 Eliza	hell y Heda Registrar	23. SIGNATURE	M. D. or siher Date signed 6029.



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

411	N.	Charles	St.,	Baltimore	93-3
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	UOU	40	
		. 1.	27
Rad	Diet 1	No. /	5/

1. PLACE OF DEATH Brederick				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:		
2411 11 11 11 11		ytown	RURAL and give nearest town)	Street No. State Maryland County Frederick City or town Libertytown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)			
How long in above plac Hospital, Institution, o	e of death? r street address where	death occurre	••••••				
How long in hospital	r Institution?			2.(a) if veteran, name war	••••••••••••••	***************************************	
3. (a) FULL NAM		Howar	d Clifford Boy	yer 3. (b) Social Securit		y Number	
4. Sex	5. Color or race		e, married, widowed, or divorced	D	ERTIFICATION		
Male	White	. 1	larried	20. DATE OF DEATH June 5	1945	4.30 P _M	
6.(b) Name of husband or wife Caroline Ruhland Boyer			Ruhland Boyer	21. I CERTIFY that death occurred on the date above stated; that attended deceased from			
7. Birth date of deceased (mo., day,	62		79	and that I last saw h. 4225 alive on	me (14	19.45	
8. AGE: Year	s Months	Days	If less than one day	Immediate cause of death.)	DURATION	
		7	min.	Coronary surom	ous,	15 mux	
9. Birthplace	Merchan	county, and	ty Maryland	Due to Chrokic Myo	rancle	4 mos,	
11. Industry or busines	. Grocery			Oue to			
12. Name	William Marylan		yer	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.			
14. Malden name 15. Birthplace	Catheri Marylan		vis				
≥ 15. Birthplace	drs Carol		Rover		Date of op		
Address	Libertyto	wm M	aryland	Autopsy results PHYSICIAN: Prease nuderline the cause to which death should be charged statistically.			
17. Bur (Burial, cremation	al n, or removal. Which?) Mt Hop	Date there Cem	eef June 8 1945 etery (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of		
Location	Woodaho	ro M	aryland	Injured at home, farm, industry, public place (w			
18. Funeral director	Powell &		zler tytown Md.	Means of Injury The second state of the secon	Injured at work?	ne ch	
19. Mus.	8 19 /5.1 ·	- 7	1 Darfug	43. SIUNALUNEA	m Md Date signed		

BURBAU V. character in which is simple and to Money Sementer

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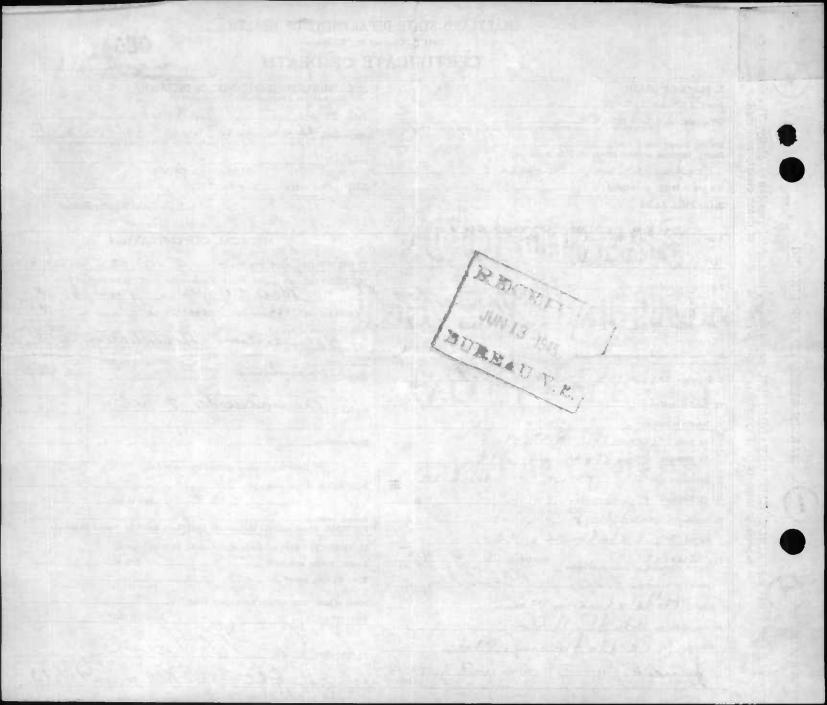
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 199

Reg. Dist. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Fredexick	State Mid- County Frederick
City or target Y & d & X \ Q X \ (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Baby Boy Brandenburo	no
4. Sea 5. Clior or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White	
Male White	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that attended deceased from Nay 3 D 19 45, to first 6 19 35, and that I last saw h. Maralive on first 9 19 37,
8. AGE: Yeara Months Days It less than one day	Immediate cause of death
5 0 6hrsmin.	Walnutulian - Nohychales & Tays
9. Birthplace Frederick Co. M. J. (Town, county, und state)	Bue to Varueling 5 May 3
10. Usual occupation	Due to Fremalurly 7 mo
11. Industry or bosiness	
12. Name. Meredith R. Shafer 13. Birthplace Middletown, Md.	Other conditions
14. Maiden name Emopene Brandenborp 15. Birthplace Harmony, Md	(Iuclude pregnancy within 3 mouths of death) Major fludings of operations
= 15. Birthplace Marmony, Md	Date of op.
16. Informant Mexedill R. Shafet	Autopsy results
Address Middle Lown, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial ecemation or removal Which? (Burial ecemation or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematery The Concellent	
	Where did injury occur?
Location M. Adle tois w. M.	Injured at home, farm, industry, public place (where?)
18. Funeral director Stadle 11 Co	Means of injury igjured at work?
Address Middletown, Md.	23. SIGNATURE (- Druce
19. Luce 6 19 45 Eliabeth y Heck, Registrar	Address Je Lewson Way Date signed 45/40
	(1)//



2411 N. Charles St., Baltimore

1. PLACE OF DEA	Frede	rick		(For newborn infants give residence of mother)		
City or town State Sana torium, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 4/21/41 Hospital, institution, or street address where death occurred:				State Maryland county Prince George City or town Bladens burg (If ontside city or town limits, write RURAL and give nearest town)		
				(If ontside city or town limits, write RURAL and give nearest town) Street No. 405 Defense Highway		
Maryland	Tubercu	losis	Sana to ri um	Street No. (If rural, give LOCATION)		
How long in hospital or	Institution? Sir	ce /4/	21/41	2.(a) If veteran, name war.		
3. (a) FULL NAME Dori	s R. Bri	gham		3. (b) Social Security Number 578-07-4984		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Si	ngle	20, DATE OF DEATH June 13 1945 21 9 A		
6.(b) Name of husband of 7. Birth date of deceased (mo., day, yo	***************************************		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 21 19.41, to June 13 19.45 19.45 19.45 19.45		
8. AGE: Years 30	Months 10	Days 3	If less than one dayhrsmin.	Immediate cause of death Pulmorary Tuberculosis 10 Yrs		
10. Usual occupation	Dietiti	lan	C.	Oue to		
E 121 Hallows	orman Br		1	Other conditions		
	lassachus			(Include pregnancy within 8 months of death)		
14. Malden name	Sarah I	Peck	00+00+00+00+00+00+00+00+00+00+00+00+00+	Major findings of operations		
15. Birthplace	Massach	nusett	S	Autopsy results		
18. Informant	Decease	be				
Address 17 Burial (Burial, cremation, or removal. Which?) Cemetery of Company Fort Lincoln Location Hyattsville, Md. Colman Manager Hyattsville, Md. Address Hyattsville, Md.				22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide		
				Means of Injury Injured at work?		
				23. SIGNATURE John H. Avsselfeldkig		
19. (Date rec'd hy res	ristrar)	*****	Registrar	Address State Sana to rium, Md. Date signed 6/13/45		

JUNIA 1945
BUREAU V.S.

2411 N. Charles St., Baltimore

06152

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH; Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mather)
County	State Maryland County Frederick
City or term (If outside city or town limits, write RURAL and give nearest town)	Frederick
How long In above place of death?	(If notside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Frederick City Hospital	Street No. 173 West Patrick Street
New long in hospital or institution?	(If rural, giva LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
BABY CASTLE	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W S	
2 1 1 1	20. DATE OF DEATH. June 14th, 19 45 at 1 A
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	AUNE 14 18 4 5 10 June 1 4 18 4 5
7. Birth date of deceased (mo., day, yr.) June 14, 1945	and that last saw h
8. AGE: Years Months Days If less than one day	
O O O	Press stage fined In
Frederick-Frederick-Maryland	Due to
(Tawn, county, and state) Infant	9 700
10. Usual occupation.	Oue to
11. Industry or business	
12. Name. Carl C. Castle 13. Birtholace Frederick County Maryland	Other conditions
	(Include pregnancy within 8 months of death)
Elizabeth Mentzer	Major findings of operationa.
15. Birthplace Frederick County Maryland	Date of op.
18. Informant Carl C. Castle	A-toney yasmits
Address 173 W. Patrick St., Frederick, M	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Buriel 6/14/45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriat, eremation, or removat. Whichi)	Accident, suicide, or homicide
Cemetery or exemptory Mount Olivet Cemetery	Where did injury occur?
Frederick, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director. M. R. Etchison and Son	Means of Injury Injured at work?
Fradorials Manyland	c post
CD. D As D. 11 a	23. SIGNATURE M. D. M. D. nr nther Emodonicle Manyrland 6-14-45
19. 14 the 1945 - Elsabeth 9. Heck.	Address Frederick, Maryland Date signed 6-14-45
(Date rec'tl by registrar) Registrar	Address

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JUNEAU V.E.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 13-6)

176043

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: County Frederick			2	2. USUAL RESIDENCE (HOME) UI (For newborn infants give residence of a		
City or town. State Sanatorium, Maryland (If outside city or town limits, write RURAL and give nearest town)			, Maryland	State Maryland Cou		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 7/8/44 Maryland Tuberculosis Sanatorium How long in hospital or institution? Since 7/8/44 Location in the since th						
3. (a) FULL NAM				Z.(a) it reteral, name has	3. (b) Social Security	
	rnest Cha	amber	S		565-05-2	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		ERTIFICATION	
Male	White	S	ingle	2D. DATE DF DEATH. June 9	19. 45	2:30P M
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date about 1 and that I last saw h im alive on J	ove stated; that lattended dece 44 to June une 9	9 18 4-5 19 4-5
8. AGE: Years	Months	Days 20	tt less than one day	Immediate cause of death Pulmonary Tubercu	losis	3 Yrs.
S. Birthplace Chicago, Ill. 1D. Usual occupation. Checker, shipyard 11. tndustry or business 12. Name. Charles Chambers 13. Birthplace Chicago, Ill.			pyard	Due to		
14. Maiden name.	Lillian Chicago	And e	rson.	(Include pregnancy within 3 i Major findings of operations. Autopsy results. PHYSICIAN: Please moderline the cause to w		
17. (Borial, cremation sendor or cremat Location	01 200	Co reage t, Ma	(month) (day) (year)	22. VIOLENCE: If death was due to external can Accident, suicide, or homicide	(County) where?) Injured at work? M. D.	(State)

JUN 13 1945 BURBAU V.R.

dil

David Thomas

2411 N. Charles St., Baltimore

06044

CERTIFICATE OF DEATH

og. Diat. No. 131

1. PLACE OF DEATH: Frederick County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
l'nedoni olz				State Maryland County Frederick	**************	
(If ontside city or town limits, write RURAL and give nearest town)			(URAL and give nearest town)	Frederick		
How long in above pl	How long in above place of death?			(If ontside city or town limits, write RURAL and give nes	rest town)	
Hospital, Institution, 28 Sou	or street address	t Street	1;	Streel No. 28 South Court Street		
				(If rural, give LOCATION)		
	l or Institution?	***************************************	***************************************	2.(a) It veteran, name war.		
3. (a) FULL NA		NIE CHAS	T T	3. (b) Social Security	Number	
4. Sex	5. Color or rac		e, married, widowed, or divorced	None		
		g.(a)sing		MEDICAL CERTIFICATION		
F	C		W	2D. DATE OF DEATH June 3rd, 1945	9:30P	
6.(8) Name of husba	Ge	eorge Ch	1886	21. I CERTIFY that death occurred on the date above stated; that ettended dece		
				Q 19 9 Q to Lene d	10 45	
7. Birth date of			c) If alive, give ageyears	and that I last saw h. alive on	711 19 SAT	
deceased (mo., da	y, yr.) Ur	known		Immediate cause of death.	DURATION	
8. AGE: Ye	ars Months	Days	If less than one day	Bardiac Desease man	Gears	
				A A		
B. Birthplace	Unknow	'n	•	Chronic astaretin	2540	
B. Birthplace	(1)		state)	JUE TO.		
1D. Usual occupatio	n	Domesti	.C			
11. Industry or bush	ness			Due to	***************************************	
El.	Villiam	Brown		(Prosen Selm roll	1. (000	
12. Hame	Freder	ck Cour	ty Maryland	Dther conditions	1.00	
			ioy mary raile	(Include pregnancy within 8 months of death)	.1	
图 14. Malden nar	unkr			Major findings of operations		
14. Malden nar 15. Birthplace		Unkn	own	Date of op.		
16. Informant	Osborne	Chase		Autopsy results.		
		+ C+	Fradorials Md	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
			Frederick, Md.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
n Buria	l l ion, or removal. W	Date ther	eof 6/8/45 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremat	ion, or removal. W	view Ce	metery			
Cemetery or crem				Where did injury occur?		
Location			Maryland	Injured at home, tarm, industry, public place (where?)		
18 Enneral diseases	M. R.	Etchisc	n and Son	Means of Injury Injured at work?		
	Freder			23, SIGNATURE US, Bousne Sr. M.D.	-	
				23. SIGNATURE LE J. La Journe Str.	M. D.	
19 94400	0-8 104	5 &	lisabeth D. Heck	Address Frederick, Maryland Bate signed	or other	
(Date rec'd hy	registrar)	~	E.M. H. Registrar	Address FIEGGIICK, MRIYIAIIQ Bate signed.	0-4-40	

HYANES ON THE STATE OF THE STAT





1	1		
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T	Y	ect s	
1		The correct age	7.
		The (gibly
-			9

FILM No.G 9 5 JUN 16 1945

Hospital, institution, or street address where death occurred:

1. PLACE OF DEATH:

Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH age of deceased is shown on

2411 N. Charles St., Baltimore (740)

06046

Reg. Diat. No.

CERTIFICATE	OF	TOTAL MINEY
CERTIFICATE		THATH
OMICIAL TOWARD	O.	PLAIL

2.	USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Sta	to Maryland county Treluck
Cit	or town
Str	eet No. 39 East B 17.
1	

3. (b) Social Security Number

How long in hospital or institution?	(If rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Secu		
4. Sex 5. Color of race 8.(a)Single, married, widowed, or divorced 2. Corol 6.(b) Name of husband or wite Flank C. Corol 7. Birth date of 6.(c) If alive, give age 5.4 4. Sex 5. Color of race 8.(a)Single, married, widowed, or divorced 7. Birth date of 6.(c) If alive, give age 5.4 8. AGE: Years Months Days If less than one day 8. Birthplace Months Days If less than one day 8. Birthplace Months Days Months Months	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I allended 12. I CERTIFY that death occurred on the date above stated; that I allended 13. In to the date above stated; that I allended 14. In to the date above stated; that I allended 15. In the date above stated; that I allended 16. In the date above stated; that I allended 17. In the date above stated; that I allended 18. In the date above stated; that I allended 19. In the date above stated; the da		
10. Usual occupation. Thomas (Town, county, and state) 11. Industry or business 12. Name La Rule Henry Sagle 13. Birthplace Mary Lavel 14. Malden name. Emanua Unalaugh.	Due to		
18. Interment Frank C. Cran Address Brussnick Md.	Major findings of operations		
(Burial, cremation, or removal Whigh?) Cemetery or crematory Location	Accident, suicide, or homicide		

Trumwick

(If outside city or town limits, write RURAL and give pearest town)

20. DATE OF DEATH	
and that last saw h. Qualive on	19 Af
Immédiate cause of death	DURATION
Due to	
Due to	************************
Other conditions	***************************************
(Include pregnancy within 3 months of death)	
Major findings of operations	

......Date of op.

the cause to which death should be charged statistically.

(City or town) (County)

Injured at work?

Address



2411 N. Charles St., Baltimore

-	(a. A)
e	(93-d)
	The second

06047

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to a second seco	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Samasurcio	State Manufly County Frederich
(If outside city or town limits, write RURAL and give nearest town)	Olle or law (Brunswecks)
How long in above place of death?	(17 outside city or town limits, write RURAL and give hearest town)
520 Wat 13 St	Street No. O (If rural, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jawa Muljusta	depon none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semule With Widow	20. DATE OF DEATH XIIIL 29 1941 To 7 MM
6, (b) Name of husband or wife Lewith C Slippin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 19 19 19 19 19 19 19 19 19 19 19 19 1
7. Birth date of deceased (mo., day, yr.) February 1, 1857	e at that I last saw h
8. AGE: Years Months Days It less than one day	Immediato cause of death
88 4 28hrsmin.	Thoronold Jean
9. Birtholace Hieronica lounty manylas	Mueto a
(Town, county and state)	Comment of the
10. Usual occupation.	Due to
11. Industry or business	
12. Name	Other conditions
13. 6irthplace Aldrich Gunly Mary dry	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations
\$ 15. Birthplace people ourly mary as	Date of op.
18. Informant Williams E. Fillows	Autopsy results
Address Dr. Maryane	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Durial Bate thereof 112/46	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremstion, or removal. Which?) (month) (month) (year)	
Cemetery or crematory	Where did injury occur?
Location The Location	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of Injury Affired at work?
Address Aredenche, Maryens	AS MONITURE IN THE STATE OF THE
18 June 29 19 45 Emmed Martin-	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed 5/3 1/91



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

06048

- 25		9	-	
	8 1			31
D	Disa	BI-	-	U.L.

1. PLACE OF DEATH: County Frederick				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
City or test Frederick (If outside city or town limits, write RURAL and give nearest town)			***************************************	State Maryland Coun	Frederick	
(If outs	ida city or town ii	mits, write R	URAL and give nearest town)	Frederick		
How long in above place of	leath? 20	years	***************************************	(If outside city or town limits,	write RURAL and give neare	st town)
Hospital, Institution, or stre 26 Degran	eet address where	death occurred		Street No. 26 Degrange S	treet	
			***************************************	(If rural, give l	LOCATION)	
How long in hospital or the	titution?			2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security No	ımber
	N.		LIZABETH DIXON		Non	0
4. Sex 5	Color or race	6.(a)Single	married, widowed, or dispress	MEDICAL CE	RTIFICATION	100
F	C		W	20. DATE OF DEATH June 1	4th, 19 45.	6 A
6.(6) Name of husband or	Willi	am H.	Dixon	21. I CERTIFY that death occurred on the date abov		
) If alive, give ageyears	une 13 19.5		
7. Birth date of			, 1879	and that last saw h. e. alive on	mu 14	19 ¥ &
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	If less than one day	Immediate cause of death Grate.	Name of the second	DURATION
65	6	2	hrsmin.			1 dey
	erickst			Cal S P		f
9. Birthplace	(Town,	county, and s	v II S III Z	Due to Cer fer Schress	***************************************	*******************************
10. Usual occupation	At Hon	10				
	•••••••••••	******************		Due to	***************************************	.,
11. Industry or business	d Lee					
E 12. Name	**********************	notini	•	Other conditions		**********
13. Birthplace Virginia			(Include pregnancy within 3 m	onths of death)	Pro Intelligence	
至 14. Malden name	Unknown	1 	***************************************			
14. Malden name		Unkno	wn	Major fiadings of operations		
Mrg.	Edgar					
10. Insormant			Frederick, Md.	Antopsy results		
				22. VIOLENCE: If death was due to external caus	es. fill in the following:	
Burial (Burlal, exemation, or		Date there	6/16/45 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or Fairview Cemetery			eterv			
Frederick, Maryland				Where did lojury occur?(City or town)	(Connty) (State)
LUGATION		*****************		Injured at home, farm, industry, public place (who		
1B. Funeral director	M. R. I	Etchis	on and Son	Means of Injury	Injured at work?	
			aryland	113 B	WA THE W	M. D.
11011		60	· 1.00 ly 11.00	23. SIGNATURE	/M. D. or	
19. (Date red'd by registr	19.14.5.7		Registrar	Address Frederick, Mar	yland Date signed 6	-15-45

JUN 18, 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06049

Reg. Diat. No. 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Telling A CD.	(For newborn infants give residence of mother)
ally arism Treduced Mid	State County Talk Co
(If outside city or town limits, write RURAL and give nearest town)	City or town near Freducing med
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Mordence Country Home
38 mins	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
	3. (b) Social Security Number
John Mar	sly -
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
200 Calored	10
mare coura	20. DATE OF DEATH. 11 P. M
	21. I CERTIAT has death occurred on the date above stated; that Taylanded deceased from
6.(b) Name of husband or wife	June 18 1945 10 June 20 1941
	W/-
7. Birth date of deceased (mo., day, yr.) don't know	and that I fast saw h. M. ailre on
departed (mod) and 110	Immediate cause of death
0. 11021	Mesure 3 Lays
68hrsmin.	
don't keep	Juliativa Chellerten 1746
9. 9irthplaca(Town, county, and state)	Due to.
	0 3 60
10. Usual occupation	Due to Pay officer wy andry 3 043
11. Industry or business	reaction - Thus affordit
12 Name don't tenon	Dther conditions.
	(Include pregnancy within 8 months of death)
HE 14. Malden name	
V S Statistics II	Major findings of operations.
1 13. STringrace	Date of op.
18. Informant Lufy Mouleure J. 6. Corry	Xutopsy results.
Address Frederica and.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Date Thereof Mue 26-1945	Accident, eulcide, or homicide
(Burlal, remetion, or removal. Which?)	
Cemetery or example 1 1 2 2 2 2 2	Where did injury occur?
The descar mid.	Injured at home, farm, industry, public place (where?)
Location	
16. Funeral director To . E Colina To	Means of Injury Injured af work?
3.0	1) 1 600
Address / Whenex Ma	23. SIGNATURE CELL AND CELL
all the state of the state of the	M, D, or other
(Date re'd by registrar)	Address Attuow bate gened 6/25/1



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A E CO ME COM SETTINGS

PLEASE WRITE PLAINLY, WITH INFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

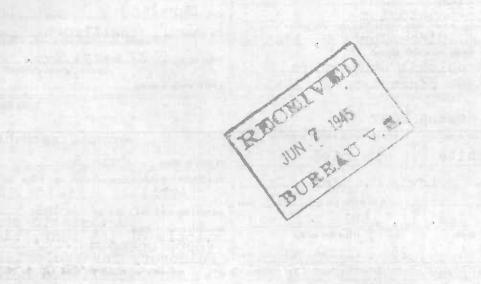
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

0605() Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn fulants give residence of mother)			
County Frederick City or town State Sanatorium (If outside city or town limits, write RURAL and give nearest town)				State Maryland County Baltimore			
City or town	itside city or town li	mits, write F	URAL and give nearest town)				
How long in above place	of death?Sin	ce Ar	ril 2, 1945	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Hospital, tostitution, or			na.tori.um	Street No. 2727 Beryl Ave.			
	-			(If rurai, give LOCATION)	1		
How long in hospital or institution?SinceApr2, 1945			Dr. 6 4 3 4 3	2.(a) If veteran, name war			
3. (a) FULL NAME	Rosena	TAA.		3. (b) Social Security Num	ber		
•							
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female	White	1	larried	20. DATE OF DEATH June 5 1945 al.	1:20Am		
6.(b) Name of husband or wifeLewis C. Eder.			Eder	21. I CERTIFY that death occurred on the date above stated; that I attended deceased f			
			e) If alive, give age	April 2 10 45 to June 5			
		17 7	RR1	and that I last saw h. er. alive on June 5	19.45		
deceased (mo., day, yr 8. AGE: Years	1 Months	Days	If less than one day	Immediate cauge of death Metastatic carcino— matosis of the ling primary	DURATION		
64	4	25	hrs. min.	Toolis unknown	**************************************		
		-		Pulmonary Tuberculosis	l yr.		
9. Birthplace	Germany	connty, and	tste)	Due to Never confirmed here	0000-0000-00000-000-00		
9. Birthplace				but tubercle bacilli were sup-			
Own home			••••••••••••••••	in gastric washings be-			
11: Industry of Sections			1		**************		
12. Name	Germany			Other conditions fore coming here.			
El 13. Simplace Goldmany			hon	(Include pregnancy within 8 mouths of death)			
14. Malden name Elizebeth Melber 15. Birthplace Germany			.V.C.1	Major findings of operations.			
	Germany			Date of op			
18. Informant	Husband			Autopsy results.			
Address 2727	Beryl A	ve. F	Balto.5 Md.	PHYSICIAN: Please underline the cause to which death should be charged statist	ically.		
17 Burial		Note there	(month) (dsy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;			
				Accident, suicide, or homicide			
Cemelery or crematory Holy Redeemer Cemetery				Where did injury occur?	ite)		
Location Belair Rd. & Moravia Ave., Balto.				Injured at home, farm, Industry, public place (where?)			
18. Funeral director Frank Della Noge			loge	Means of Injury Injured at work?			
			Balles Md.	9.h. /.			
whit.			Mille	23. SIGNATURE M. D. M. D.			
19. (Date rec'd by reg	5trar) 19	/	Registrar	Address State Sanatorium Md. Date signed 6/			



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

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U	U	IJ	U	T

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County And aligned	State Mars fand of county I rederich
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(if outside city or wn limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
Ella may Eller	3. (b) Social Security Number
4. Sex 5. Color or race 6.(9) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Feamole YX Windowed	20. DATE OF DEATH. June 1 19465 at 9.30 A M
8.(b) Name of husband or S Jando Efler	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If allve, give age year	10 112 1 4 1 1 10 45
7. Birth date of TTT ~ 1CC7.	and that last saw hand alive on July 19. 45
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
74 3 26min	
9. Birthplace ha Halperwille Fred Co. md	Due to.
10. Usual occupation	•
	Due to.
11. tndustry or business	-
12. Name Jacob dinterman	Other conditions
13. Birthplace Area	(Include pregnancy within 8 months of death)
14. Maiden name Ellen Assistate 15. Birthplace Anderick les and	Major findings of operations.
\$ 15. Birthplace Frederick Co ma	- Date of on.
16. Informant hurs Hazel Erm	Autopsy results.
Address Walk Granille	PHYSICIAN: Please underline the cause to which death should be charged statistically.
h	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removel. Winch?) Date thereof	Accident, suicide, or homicide
Cemetery or emergy Mr. H. Shor	Where did injury occur?
Mandali Ana	Injured at home, tarm, industry, public place (where?)
Location Location	Means of injury Injury Injury
18. Funeral director Solution	means or mine?
Address Malperaville md	23. SIGNATURE
19 2 June 1945 Elizabeth & Hack	M. D. or other
(Date red'd by registrar) Registrar	Address Worker will and Date stened with 2, 42

DUREAU V.S.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

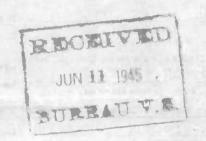
MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 1644

06053

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Frederick-Rural R. F. D. #5	State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or the Frederick (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street addrees where death occurred: Braddock	Street No. 430 West South Street		
How long in hospital or institution?	(If rural, give LOCATION) NONE 2.(a) If veleran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
GEORGE ALBERT FULMER	None		
4. Ses 5. Color or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION		
M W S	20. DATE OF DEATH June 5th, 19.45 . 19.25A.		
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
	and that I last saw h / by the on 19. 10. 19. 19. 45		
7. Sirth date of deceased (mo., day, yr.) February 27, 1870			
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
75 3 9hrsmin.	Least,		
9. Sirthplace Nr. Braddock-Frederick-Marylan	Doue to Houghly fee cede late		
(Town, county, and state)	1 1 1		
10. Ueual occupation Farmer	Due to		
11. Industry or businese 11. Industry or businese 12. Name Harman F. Fulmer			
Harman F. Fulmer 12. Name Harman F. Fulmer 13. Birtholace Frederick County Maryland	Other conditions		
Charlotte Heller	(Include pregnancy within 3 months of death)		
14. Maiden name Charles County Mony lond	Major findings of operations		
14. Malden name Charlotte Haller 15. Birthplace Frederick County Maryland 18. Informant Marshall H. Fulmer			
	Autopsy results		
Address 430 W. South St., Frederick, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial Date thereof (mouth) (day) (year)	Accident, eulcide, or homicida. Succeale Bate of 6.5.45		
Mount Olivet Cemetery	Where did injury occur? (City or town) (County) (State)		
Gemetery of Comments of Trederick, Maryland	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)		
Location M. R. Etchison and Son	Means of injury (Yang we) Injured at work?		
18. Funeral director	by Downto lived		
Address Frederick, Maryland	23. SIGNATURE PUDON Eax.		
10 be tune 1045 - Elizabett & Heck.	M.b. or other Frederick Maryland 4.45		



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 187-0

CERTIFICATE OF DEATH

Reg. Dist. No...

	EATH Freder		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Frederick		
County Route 4			State	County	
City or town(I	if outside city or town li	mits, write RURAL and give nearest town)	Mt Airv	Rural	
How long in above pla	long in above place of death?		City or towe. (If outside city or town limits, write RURAL and give nearest town) near Unionville Street No.		
	***************************************			give LOCATION)	
How long in hospital	or Institution?		2.(a) If veteran, name war		
3. (a) FULL NA		Dorsey Gaither		3. (b) Social Security Number None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Widowed		1 2 10 45 21	
6.(b) Name of husbac	GR OI MILO	ha Gaither	11 (1111)	o above stated; that I altended deceased from	
*************************	****************************		June 11	we 1/3 19.45	
7. Birth date of deceased (mo., day	June	19 1861			
8. AGE: Yes	ars Months	Oays If less than one day	Immediate cause ul death		
		***************************************	Current pype	strophy 1 Troctests -	
9. Birthplace	rederick	County Maryland county, and atato)	Due to		
	Farmer				
10. Usual occupation	Retire		Doe to		
-41	George	Gaither	Meine	Presouve	
12. Neme	Maryla		Other conditions		
			(Iuclude pregnancy withi	in 3 months of death)	
14. Maiden nam	Sarah	LOOTE			
E 15 Richalace	Maryla	nd			
1		y Gaither			
		laryland Route 4	Autopsy results	to which death should be charged statistically.	
Address	at Alry, a	lary Land Route 4			
17 Buris	1	Date thereof June 16 1945	22. VIOLENCE: If death was due to externa		
(Buriai, cremati	ion, or removal, Which?	Date thereofJune 16.1945.			
Cemetery or crem		ore Cemetery	Where did lojury occur?(City or to	wn) (County) (State)	
Location	Union	ville Maryland	Mark Committee of the C	e (where?)	
	D. D. Hart	zler & Sons	Means of Injury	Injured at work?	
18. Funeral director Unic	on Bridge	∞ New Windsor Md.		Thurs 1	
19 June	16 1945 registrar)	- 70 1	Address Westerniertes	M. D. or other aff	

Actionati Enelyen

Let Ally Kurel

Actionation Teleph

None

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BURRAU V.A.

REGISTER REPORT NO LEGISLANDE

JUN 18 1977

BUREA:

Matired

Grand Galtmer

Maryleyd

Sarah Foole

TOPTE

Mr 7 Dorney United Ut Alvy, Meryland Posts *

Aurial
Ligamore Cametery
Guidant ville Manyland

Union Bridge Windson Ma.

PLEASE

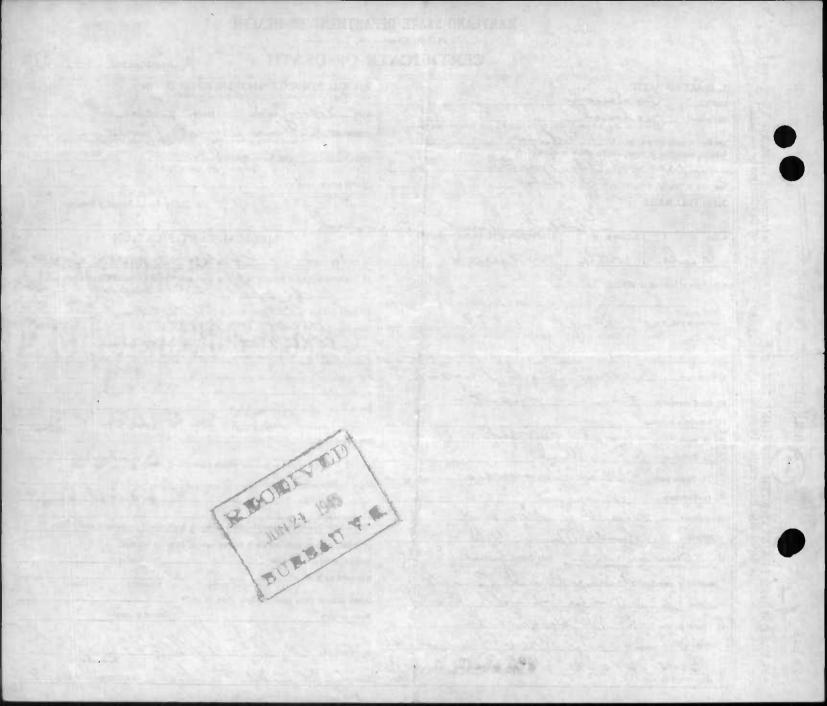
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infonts give esidence of mother)
County J. Peleven	n 00 7.0
(if outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RULAL and give nearest town)
Hospital, institution, or street address where death goturred:	Street No. Johnsville
Frederick City Stopetal	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ernest Siak Her	nand Hone
4. Sez 5. Color or race 6.(a) tingle, married, widowed, or directed	MEDICAL CERTIFICATION
male White Married	20. DATE OF DEATH 200 / 5 1945 at 5 30 M
6.(b) Name of husband or wife	21. CERTIFY that death occurred on the Pale above stated; that I attended deceased from
	1211 10 MM 10 19 19 19 5
7. Birth date of	and that I last saw h. Mayee on
deceased (mo., day, yr.) May 7 - / 879	Immediate cause of death DURATION
8. AGE: Years Months / Days If less than one day	Ceneral James
66 / / //hrsmin.	
9. Birthplace Tredench County Manyland	Due to.
(Town, county, and state)	
10. Usual occupation. Towards - Minuste	Due to
11. Industry or business	
12. Name Joseph Januard 13. 8 Irtholace Manifold.	Other conditions
13. Birthplace Maryland.	(Include pregnancy within 3 months of death)
14. Malden name Maly Geramelle	
15. Birthplace Maryland	Major fiediogs of operations
=1 15. Birthplace	Date of op
16. Informant Tesas	PHYSICIAN: Please underline the caose to which death shoold be charged statistically.
Address Shim Bridge Ind - R. 1	
17 Bund Dato Thereof Jame 18-1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cosmation, or convert, Whichit) Date/thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremeter, Beauch Campberg	Where did tojury occur?
Location Thing Bulge Johnwelle Road	Injured at home, farm, industry, public place (where?)
& D/ 0/ +0-+ f	Means of injury injured at work?
18. Funeral director.	1/2/ (hearles). LO
Address Shum Bridge of Herr Hudger Mid	23. SIGNATURE A. IT. MOON A
June 16 les St. All the land	23. SIGNATURE M. D. of petter
(Date rec'd by registrar) Registrar	Address DHUNDTUS Date signed 2005



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly-

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462



06056

CERTIFICATE OF DEATH

County Fre	Ain: ederick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
D - 1			***************************************	State Maryland County Fæderick		
City or town. (If outside city or town limits, write RURAL and give nearest town) 50 years. How long to above place of death?		City or towe. Detour (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)				
How long in hospital o	r Institution?	************	***************************************	NO.		*******************************
3. (a) FULL NAM	E Tilgh	man L	uther Grossnec	kle.	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	M	arried	20, DATE OF DEATH. Jun	e 4, 1945	2:40P:N
	94 9 2 2 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ay Carmack) If alive, give age 86 years , I860	21. I CERTIFY that death occurred on the date abo	re stated; that I attended dece	29ed from 19 4 5
8. AGE: Years		Days	tf less than one day	Impediate cause of death		DURATION
85	Ī	20	hrsmin.	Jeannel V	Ju sous-	6 mos-
10. Usual occopation	Reti:	red	ck Co., Md.	Due to		
12. Name	Detour,			Dther conditions		***************************************
14. Maiden name	Ellen	Bless		(Include pregnancy within 3 n	••••••	
16. Informant	Tilbur Gr	cossn:	ickle	Autopsy results		
Address	Detour,	Ivid.		PHYSICIAN: Please underline the cause to wh	ich death should he charged	statistically.
(Burial, cremation	ial , or removal, Which?) Haug	ghs	of June 5, 1945 (month) (day) (year)	Accident, suicide, or homicide	(County)	(State)
	Near Ladi			tnjured at home, farm, industry, public place (w) Means of injury	lere?)lnjured at work?	
	M. L. C			means of mjury	INJUING BY WORKY	
	Thu rmor	-	Ma.	- 23. SIGNATURE JAMES 7	ray Wid	2.
19. Date rec'd hy re	# 19.5/.5 =	. 3	C Kowell Registrar	Address Thelmout	M. D. Dato signed.	yuu. 4 45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-01



CERTIFICATE OF DEATH

County Trade of DEATH:	(For newborn infants give residence of mother)
City or town. (If outside city or town imits, write kURAL and give nearest town)	State Ist Chicago Recounty - Alesta College
How long in above place of death?	(if outaide city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Karles W.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH. 1945 at 1:30 M
8.(b) Name of husband or wife Mollip Southahm	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
New 18 8.(c) If allve, give age 7 % years	(1943) 19 10 June 5 1945
7. Birth date of deceased (mo., day, yr.) October 7, 1865	and that I last saw h. Man. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
79 8 28hrsmin.	Chr Valrelay Heart disease 2 423-
9. Sirthplace M. Mylastit. These Mil	Due 1c
10. Usual occupation.	Oue to.
11. Industry or business Thresherman	
12. Name on the ansland	Other conditions
13. Birthplace / / Mayland	(Include pregnancy within 3 months of death)
14. Malden hame Mary I Leoseling	
5 15. Birthplace / Maryland	Major fludings of operations
10 1 Tallace	Autopsy results.
16. Informant 22 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Myersney MA	22. VIOLENCE: If death was due to external causes, fill in the following:
Bate thereof (day) (year)	Accident, suicide, or homicide
Cemetery or crematory United Grethern	Where did injury occur? (City or town) (County) (State)
me and ill med	Injured at home, farm, industry, public place (where?)
(1/2) 7: 10	Means of Injury injured at work?
18. Funeral director. This Billy of Song	1911 1 4
Address Myeronle, Md.	23. SIGNATURE J & Harp Mu
19. Jule 1 1945 - Stagar Bittle	23. SIGNATURE MD. or other
(Date rec'd by registrar)	Address Date signed D. Date signed D.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

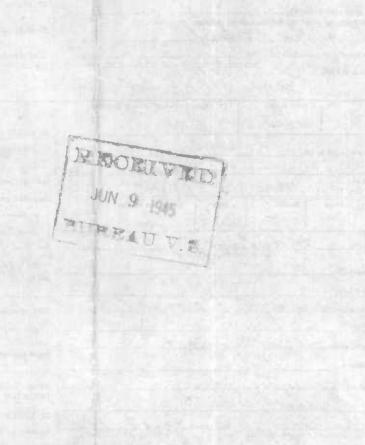
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (157)

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: Couoty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant; give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Smyle	MEDICAL CERTIFICATION 20. DATE DF DEATH. 19. 4.5., at 4.4. M		
S.(6) Name of husband or wife	21. I CERTIFY the death occurred on the date above stated; that hattended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
8. AGE: Years Months Days If less than one day 25 hrs. min. 9. Birthplace	Due to		
10. Usual occupation	Due to Due to Divers 6 1200		
12. Name Harris Harris 13. Birthplate Place . 14. Maiden name Harris Harris Harris 15. Birthplace Md.	(Include pregnancy within 3 months of death) Major findings of operations.		
16. Informant Ausselo No. Harmond. Address Bushills till Mil	Antopsy results		
17	Accident, suicide, or homicide		
Location Systems will Box 18. Funeral director S. H. Zulla & Box	Injured et home, farm, industry, public place (where?) Means of injury tnjured at work?		
Address Sumowith 18 4 5 Cultura Mastrita (Date rec'd by registrar) Registrar	23. SIGNATURE. Address Blurs Week R. W. Date signed since b. 115		



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September of the public Act and

The said

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bo

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH: Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Clark Countries Sana to rithm Waryland (If outside city or town limits, write Reral and give nearest town) How long in above place of death? Since 5/9/45 Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sana to rium How long in hospital or institution? Since 5/9/45			State Maryland County City or town Bal timore (If outside city or town limits, write RURAL and give nearest town) Sireet No. 2722 Elliott Sta (If rural, give LOCATION) 2.(a) It veteran, name war.		
3. (a) FULL NAMI Ben	jamin M.	Hawkins		3. (b) Social Security 1	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Single	20. DATE OF DEATH June 2	19. 4.5	at 4 A M
			21. I CERTIFY that death occurred on the date abov May 9	15 , 10 June 2	19.4.5
8. AGE: Years	Months	Days 11 less than one day 9 hrsmin.	Immediate cause of death	culosis	DURATION 11 Mos.
1D. Usual occupation	Labor er	county, and state)	Due to.		
13. Birthplace	New Jer		Other conditions (Include pregnancy within 3 m	nonths of death)	••••••
14. Maideo name 15. Birthplace	Mary Eys Catskill	sley	Major findings of operations		
1B. Informant Pa	trick H.	Hawkins, Brother	Autopsy results	ich death should be charged	statistically.
18	or repoval. Which?)	Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of	(State)
1B. Funeral director	MA	lugar for	Injured at home, farm, industry, public place (wh	Injured at work?	76
19. 6/25 (Date red d by re	y 19.	Registrar	23. SIGNATURE Sana to ri u	M. D. o	

WILLIAM TO TRAIT PRESENTED OF BEATTLE

BUR ENTE TO THE PARTY OF THE PA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06060

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CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty	State Mayed County Carolle
(If outside city or town limits, write RUEAL and give nearest town)	101: >> 1
low long in above place of death?	(1f outside city or town limits write RURAL and give nearest town)
lospital, institution, or street address where death occurred;	Street No.
James Can Tilling	(If rural, give LOCATION)
low long in hospital or institution?	2.(a) It veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
Man Frances Refer	wer Mone
J. Sex 5. Color or race 5.(a) Single, married, widowed, of divorces	MEDICAL CERTIFICATION
James White Single	20. DATE OF DEATH 9 19 145, at 630
i.(b) Name of husband or wife	21. I CERJIFY that doubt occurred on the date above stated; that I attended deceased the
	MAD 45: 10 Ml 7, 1945
Birth date of San Ageyears	and that I last san to a live an 1944
deceased (mo., day, yr.) 964 23-/945	Immydiate cause of death
B. AGE: Years Month Days It less than one day	towns J. Am.
76nin.	Dadiac Im
Birthplace (Town, county, and state)	on mal
D. Usual occupation	
1. Industry or business 91500e	Due to
12. Name Colin De Kelemer	
13. Birthplace 920 C. L.	Other conditions
14. Malden name Mary C. Fagle	(Include pregnancy within 3 months of death)
0/00/00	Major findings of operations.
El 15. Birthplace Control Co VIII.	Date of op
6. Informant Mrs May Reference	Antopsy results
Address Elynn Sendge Jul	
17. Bate thereof June 10-1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cometion, or unword, White) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or comments	Where did injury occur? (City or town) (County) (State)
Location Her Her Hardy Her	Injured at home, farm, Industry, public place (where?)
8. Funeral director & D. Ofarth Y line	Means of Injury Injured at work?
Address This Berlo Me Wender Sud	Stan o he his
O CO CO	23. SIGNATURE TO THE SI
Date rec'd by registrar) 19 45 Challelle & Helle	Man Bailla D. or ther
(Date rec d by registrar) Registrar	Address



State State of

The correct age

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly

PLAINLY, is especially i

PLEASE WRITE

Address

27- Ture (Date rec'd by registrar)

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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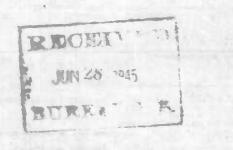
				CERTIFICAT	TE OF DEATH
How long in above Hospital, institutio Near I	rede (If outside place of des in, or street LEWIS tal or instit	rick - e city or town li ath? 1 H i address where town utlon?	Rura mits, write R Our death occurred	1 R. F. D. #3 URAL and give nearest town) HARD KEHNE	2. USUAL RESIDENCE (For newborn infants in Maryland State Maryland Freder (If outside control of the Street No. 245 East 2.(a) If veteran, name war
4. Sex	5. C	olor or race	6.(a)Single	, married, widowed, or divorced	ll M
M		W		M	172
474		11	7 77		2D. DATE OF DEATH
6.(b) Name of hus 7. Birth date of deceased (mo.,	••••••			Cutsail Olf alive, give age 62 years 1879	21. I CERTIFY that death occur and that I last saw h
8. AGE:	Years	Months	Days	If less than one day	Colowo
	66	3	19		
9. Birthplace 10. Usual occupa		(Town	connty, and s		Due to.
f1 Industry or hu	elness U	x Fior	e Bru	sh Company	Due to
12. Name	rarı. Fre	es L. derick	Coun	ty Maryland	Bither conditions
14. Malden n	Jo New	hanna Orlea	Burns ns, L	9. •	(Include pre
f6. Informant	rs.	Blanch	e C. 1	Kehne , Frederick, Md	Autopsy results
17. Bur (Burial, erema	ial .	moval Which? Mount	Date there	6/29/45 (month) (day) (year) t Cemetery Maryland	22. VIOLENCE: If death was Accident, suicide, or homicide. Where did injury occur? Injured at home, farm, industry
				on and Son	Means of Injury

Frederick, Maryland

Registrar

Street No. 245 East Chi	irch Street	
(If rural,	give LOCATION)	
2.(g) If veteran, name war	9	
	3. (b) Social Security Number	
	214-10-2172	
		g B
	CERTIFICATION	
20. DATE OF BEATHJune	26th, 19 45 at 6;	30
	e above stated; that I attended deceased trom	
	.f9, to	
im DEAD	June 26th	104
Immediate cause of death	oe clusion hi	UNATIO
	u	w
	***************************************	-7
Due to		*******
Other conditions		
(Include pregnancy with		
		,
Major findings of operations		
	Bate ot op	*********
Autopsy results		
PHYSICIAN: Please underline the cause t	o which death should he charged statistica	lly.
	I causes. fill in the tollowing:	
22 VIOLENCE, If death was due to externa		
22. VIOLENCE: If death was due to externa	6.11	
Accident, suicide, or homicide		
Accident, suicide, or homicide		
Accident, suicide, or homicide		

USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)



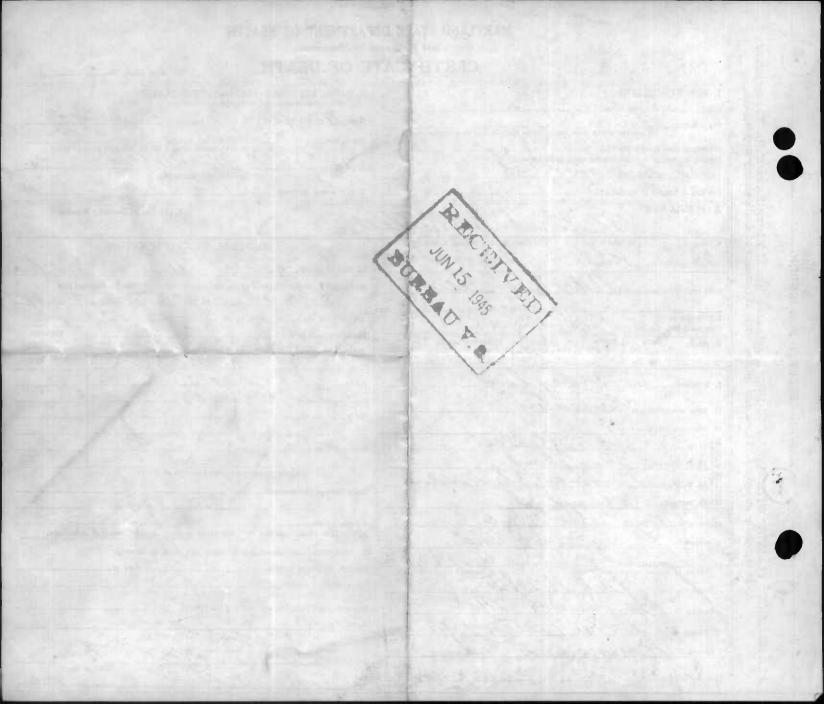
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

06962

CERTIFICAT	E OF DEATH	Reg. Dist. No	41
County	2. USUAL RESIDENCE (HOME) OF (For newborn infants five residence of a state. State. Council or town (11 outside city or town limits street No. (11 rural, give 2.(a) It veteran, name war.	mother) nity Julius write RURAL and give near LOCATION)	***************************************
3. (a) FULL NAME Millard g. Keller	1	3. (b) Social Security N	umber
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced 7. Birth date ot 6. (b) Name of husband or wife 6. (c) If alive, give age 5. Search 7. Birth date ot	20. DATE OF DEATY	extification 19 // 19 /	19 \$5
8. AGE: Years Months Days It less than one day 9. Birthplace	Immediate cause of Seath Due to.	assiliani imic)	DURATION 2 Fee
10. Usual occupation	Due to	y	9/11
12. Name Jakus Sulfus 13. Birthplace Maylers 14. Maiden name Jakus Silekus 15. Birthplace Maylers.	(Include pregnaucy within 8 n		
Address Brunswick Md. 17. Busin Date thereot GUM 13, 1945	Autopsy resulta	ich death should be charged st	
(Burial, cremation, or removed) Which?) Cemetery or crematory. Jack Weights Location	Where did injury occur?(City or town) Injured at home, farm, industry, public place (wh	(County)	(State)
18. Funeral director of History Addrese Brunswick Md. 19. June 13. 19.45. Enuma Martin.	Means of Injury 23. SIGNATURE	M, D, or	1 locker
(Date rec'd by registrar) Registrar	Address	Date signed.	af July July



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137-0 CERTIFICATE OF DEATH

06063 ** 131

					Neg. Dist. 110	***************************************
1. PLACE OF DE	ATH: lerick			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	nother)	
City or term (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 years				Stale Maryland Coucity Frederick Frederick City or City or City or town limits, write RURAL and give nearest town)		
Hospital, Institution, or 503 West	slreet address where Patrick	death occurred:	et	Street No. 503 West Patrick Street (Iteraal, give LOCATION) None		
How long in hospital or	Institution?	****************	•••••••••••••••••••	2.(a) If veteran, name war		
3. (a) FULL NAM		AUSHE	RMAN KEPLER		3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or dispreed	MEDICAL CE	RTIFICATION	
F	W		W	2D. DATE OF DEATH June 1'	7th, 19 45	5:40P
6.(b) Name of husband	Vinc	ent S	. Kepler	21. I CERTIFY that death occurred on the date about	to stated; that lattended dece	17 19 45
7. Birth date of	Tonilor) if alive, give ageyears		sul /16	./8
deceased (mo., day,)	11.7	y END 9	If less than one day	Immediate cause of death		DURATION
81	4	15	hrs min.	arki - Kenal - 1	Tageular	ny
9. Birthplace	At Hon	county, and s	rederick-Maryl	Due to.	denas	
13. Birthplace	der Davi Frederic	k Cou	nty Maryland	Other conditions		
14. Maiden name.	Amanda	Remsb	nty Maryland	Major findings of operations		
16. Informant	s. Morri			Antopsy results Art Con		
		ck St	.,Frederick,Md	PHYSICIAN: Please andertine the cause to wh		statistically.
17 Burial		Date there	of 6/20/45 (month) (day) (year)	22. VIOLENCE: If death was due to external odu Accident, suicide, or homicide	Date of	
Cemetery or	Luthers	in cem	Maryland	Where did injury occur?(City or town)		(State)
Location	M. R. F		on and Son	Injured at home train, industry, public place (wi	Injured at work?	
18. Funeral director	Frederi			12 Ha	k	M. D.
19. 19 - Tu	9 19 19 19 5	93	ijalulle & Heck	23. Signature		or other 6-18-45

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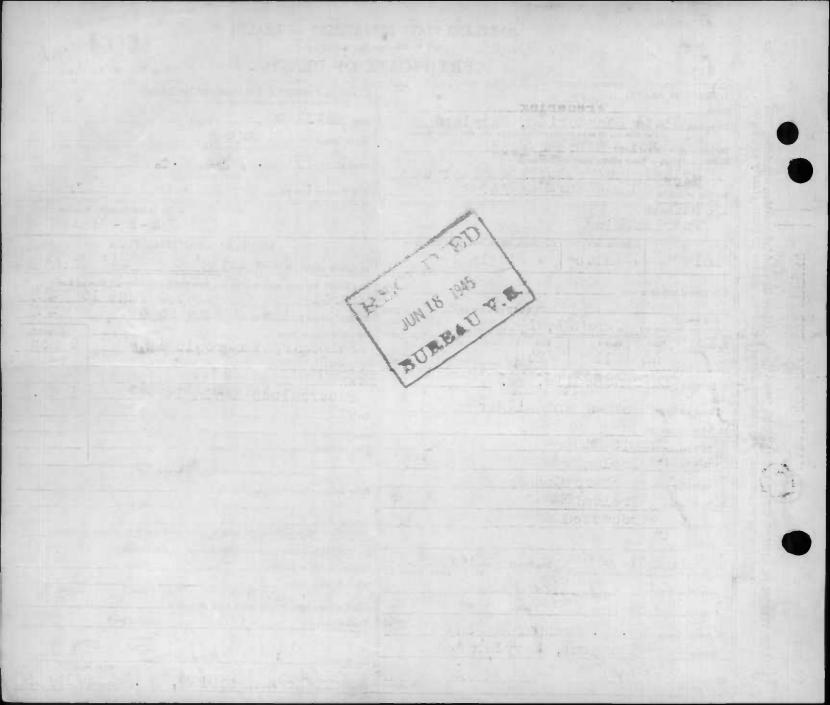
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CERTIFI	CATE	OE	DEATH
CERTIFI	CAIL	OI.	DEATH

139 Reg. Dist. No. ...

1. PLACE OF DEATH: County Frederick	Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. State Sanatorium. Mary land (If outside city or town limits, write RURAL and give nearest town)	State Maryland County County
How long In above place of death? Since 4/2/45	City or town. Bal ti mor e (If outside city or town limits, write RURAL and give neerest town)
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sana to rium	Street No. 734 S. Bond St.
How long in hospital or institution? Since 4/2/45	(If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
Patrick King Peter	274-14-7181
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single Widowed	20. DATE OF DEATH June 16 19.45 all: 45.A.
6.(b) Name of husband or wife Elizabeth Ward	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 19.45 to June 16 19.45
	and that I tast saw h _ im_alive on _ June 16
7. Birth date of deceased (mo., day, yr.) June 27, 1900 1906	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day 39 44 11 20	Pulmonary Tuberculosis 6 Mos
9. Birthplace Lawrenceville, Pa. British	X006 16.X
(Town, county, and state) 10, Usuat occupation Seaman and Rigger	Tuberculous Meningitis 1 Wk.
	Due to
11. Industry or business 12. Name. Thomas King	
12. Name. Thomas King 13. Birthplace Ireland	Other conditions
# 14. Malden name Barbara Conway	(Include pregnancy within 3 months of death)
	Major findings of operations
15. Birthplace Ireland Deceased	Date of op.
16. Informant	Autopsy results
Address A A A A A A A A A A A A A A A A A A	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereot (gnonth) (day) (year)	Accident, suicide, or homicide
Cometery or evenutory Boy Harle	Where did injury occur?
Location allegany Comments	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
Thurmont Namilalm	016
Address / ITIUTINOTIC, Waly laying	23. SIGHATURE M. D. A. ALPER
19. Of 16 YS9 Paristra	state Sana to rium . Md obate signed 6/16/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83.0

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CERTIFICATE OF DEATH

	Reg. Dist. 110	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn infants give residence of mother)	. ,
County	Man Vac d Thouse	· li
(If outside city or town limits write RURAL and give nearest town)	Description of the second	
How long in above place of death?	(If ontside city or town limits, write RUFAL and give neare	st town)
Hospital, Institution or street address where dadth occurred:	Street No.)
3 / - :	(If rural, give LOCATION)	
	2.(a) If veteran, name war	
3. (a) FULL NAME George Franklein X	oralg 3. (b) Social Security No.	0840
4. Sex 5. Color or race. (6.(a) Single, merried, widowed, or discount	MEDICAL CERTIFICATION	1,30
Male Weste Westerver	20, DATE OF DEATH Saul 28, 19 45	1 /2PM
6.(b) Name of bushand or wife Maky In Brown	21. I CARTIFY that death occurred on the date above stated; that attended decease	ed from
	July 025 19.45 to July 2	19 75
7. Birth date of deceased (mo., day, yr.) March 17, 1877	and that I last saw h. A. alive on	1979
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
68, 3 11 pm, hig. Ammin.		
redeiell ruit Marloud	Que to Cuchal Knowfoce	3ups
(Town county, and stay)	000.0	
10. Usual occupation	Due to alive Schwar:	10 yes
11. Industry or business of Carry Factory	ly pelutin.	
12. Name Olever Lotte	Other conditions.	
13. Birthplace / leagher (great / Mary Que	(Include pregnancy within 3 mg/nths of death)	1443
14. Maiden name Christian Weaver	Major fadings of operations	
S 15. Birthplace	Date of op.	
16. Information Marqueia Foldy	Antopsy results	
Addition Mensagees Hospital Media, Mil	PHYStCIAN: Please underline the cause to which death should be charged str	atistically.
D 19 d 1 0 0 1 1411-	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlai, comation, occational, Which) Date thereof (month) (day) (sear)	Accident, suicide, or homicide	
Cemetery or comatory Daniel Chine Regional Com	Where did injury occur?(City or town) (County)	(State)
Location Janes torin - Maryland.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director . O. Suss YSon	Means of injury Injured at work?	
Address Janey Town Ind.	(Dire	
CO- Dan Gillach.	23. SIGNATURE	other
(Date reck) by registrar) 19 4 5 Registrar	Address Date signed 9	12940



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06066

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEA	rread	erick	(For newborn infants give residence of	mother)		
County	te Sanato	rium Marvland	State Baltimore City or town (If outside city or town limits, write RURAL and give nearest town)			
City or town	outside city or town lim	orium, Maryland				
How long in above place of death? Since 5/8/42			(If outside city or town limits	, write RURAL and give ner	rest town)	
			Street No. 534 Barre St	•	***************************************	
Maryland	i Tubercu.	Losis Sana torium	(If rural, give	LOCATION)		
How long in hospitat or	r testitution? Since	e 5/8/42	2.(a) If veteran, name war	••••••		
3. (a) FULL NAM				3. (b) Social Security	Number	
	ohn S. Ku	nl i c		213-05-5	631	
		B.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
4. Sex	5. Color or race				30 151	
Male	White	Single	20. DATE OF DEATH. June 8	194.5	.,et 12:45A	
	Taylor 1		21. 1 CERTIFY that death occurred on the date abo	ove stated; that I affended deci	eased from	
			May 8 19.	42 ,10 June	819.4.5	
		6.(c) If alive, give ageyears	and that I last saw h. i.M. alive on	ne 8	19.4.5	
7. Birth date of deceased (mo., day,	ve) Dec. 5	, 1893	Immediate cause of death			
8. AGE: Year		Days If less than one day	Pulmonary Tubercul	osis	3 Yrs.	
5.1	1 6	3min.			3 Mos.	
L	ithuania		Due to		•••••••	
9. Birthplece	(Town, c	county, and state)		00.00.11110.00.000.000.000.000.000.000.		
10. Usual occupation.	Riveter		Due to	************************************		
			DB6 10			
11. todustry or busine	John Kurl	is	Dther conditions			
E IZ. REING		<u> </u>				
	Lithuania		(Include pregnancy within 3	months of death)		
H 14. Malden name	Rose Pon	ulis	Major findings of operations.			
14. Malden name	Lithuani		Major Hudde			

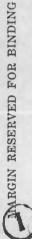
18. tntormant	eceased		PHYSICIAN: Please underline the cause to v	vhich death should be charge	d statistically.	
Address			22. VIOLENCE: If death was due to external ca	auses, fill in the following:		
Bu.	ri al	Dale thereof 6/11/45 (month) (day) (year)	Accident, suicide, or homtoide	Date of		
(Burial, cremation	rial on, or removal. Which?)	(month) (day) (year)				
Cemetery Kreekex Loudon Park			Where did injury occur?(City or town)			
Location Baltimore, Md.			tnjured at home, farm, industry, public place (ge ea a ge e ea x e 4 e e e ge e g e e e e e e	
	RA T	Creager	Means of Injury	tnjured at work?		
16. Funeral director.	***************************************	1 0	0/12/			
Address	Thurmo	nt. Mary And	23. SIGNATURE J. W day	M. I	7/7/10/2	
618	14.5	Volla				
19. (Date rec'd by	registrar)	Registra	Address State Sana tori	um, Md Date signe	d. Q/.Q/.43	

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County tudericks	
(If outside city or town limits, write RURAL and give nearest town)	State Ind County Talderick
(If outside city or town limits, write RURAL and give nearest town)	10006
How long in above place of death?	(1f ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where death occurred:	Streef No.
Emergency Hospital	(If rural, give LOCATION)
How long in hospitator institution? 432 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1189	
4. Sex 5. Color or race S.(a)Single, massied, widowed, or discrete	Vine
4. Sex 5. Color of race 0.(a) single, america, widowed, or another	MEDICAL CERTIFICATION
Flue ale Widowed.	20. DATE OF DEATH 19 19 45 230 14 18
el Of	
(.(b) Name of husband or the Florge H. Alase	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(S (A) If alive give age	19.46, to
T. Birth date of	and that I last saw h
deceased (mo., day, yr.) face. 22, 1865	Immediate cause of death
8. AGE: Years Months Days If less than one day	21-20-11
80 4 27hrsmin.	o w / /
9. Birthplace (Town, county, and state)	Due fo.
1	
10. Usual occupation truscateful	Due to
11. Industry or business	
# 12. Name Jacob Dinterman	Nil
	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name Ellen Kennele. 15. Birthplace Falde CD.	
S of stabilities Y and O D	Major findings of operations.
El 15. Birthplace freque.	Dafe of op
18. Informant Mars January Sarantle	Autopsy results
Address Walkerbrille	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Λ.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremetion or removed, Whitchit) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or exemptory Via all Chiletery	Where did injury occur?
Location Walkersville T	Injured af bome, farm, industry, public place (where?)
LUCALUM A	Means of Injury Injured at work?
18. Funeral director. The Darless	means of milati
Address 1 1 be I ker avelle	1/1/4
and the same of th	23. SIGNATURE
10 20 Flere 10 45 Elighett y Hock.	M. D. or other
(Date reco by registrar) Registrar	Address Miller Manual Date signed Manual 19,45

The correct age



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.



VS A15

PLEASE



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



06068 Reg. Diat. No. / 34

CERTIFICATE OF DEATH

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF (For oewborn iofacts give residence of a	F DECEASED:			
			***************************************			1=		
City or town. Lmmitsburg. (If outside city or town limits, write RURAL and give nearest town)			IRAL and cive nearest town)					
			www.	City or town Emmitsburg	Maryland	roat town)		
	street address where d							
				Street No. (If rural, give				
How long to hospital or	Institution?	*******************	***************************************	2.(a) If veteran, name war		••••		
3. (a) FULL NAMI					3. (b) Social Security	Number		
	T3 6	7 7 1			1			
4. Sex	15. Color or race	l 6 (a) Single	married, widowed, or divorced	" A	None ERTIFICATION			
4. 064	9. 00101 01 1200	or(w)oringitor	matrical macross of attorage	1/ _		11.0		
Female	White	1 M	arried	20. DATE DE DEATH TIME Q	2 15	, at // A- M		
E (h) Nama of huchand	or wife Ge C	rge T	ingg	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended dece	sed from		
				1926 19	to my	7 1975		
7. Birth date of	•••••••	6.(c)	If alive, give age	and that I last saw h. Ro alive on	mo 022	1945		
deceased (mo., day, y	w March	10, 1	867	Immediate cause of death		DURATION		
8. AGE: Years	Months	Days	If less than one day	Hypostalee proces		3 days.		
78	3	12	hrsmin.	- //	Eureser			
n Platinions F	rederick	Count	v. Maryland	Due to P	4	7		
			v. Maryland	Semely + arterio	selirirle	43		
10. Usual occupetion	Housew'	Lfe	•••••	Due to Macula	vanue &	everal year		
11. Industry or business	s				380.20.00.000.0080.208388800080000000000			
至 12. Name	Jacob Zur	gable		Dther conditions	0004.0000.00			
12. Name	Germany							
8	Mante Mit	rong		(loclude pregnancy within 8 n				
5				Major findings of operations				
1		11 7	ty, Maryland		Date of op			
16. Informact	eorge	y. J.	ingg	Autopsy results	th last should be should	etatici cally		
Address	minutal	rug	omd			statisticany.		
		-	June 25, 1945	22. VIOLENCE: If death was due to external cau				
] , or removal. Which?)		(month) (day) (year)	Accident, suicide, or homicide				
Cemetery or cremato	"St. Jose	eph's	Cemetery	Where did injury occur?(City or town)	(County)	(State)		
LocationE	mmitsburg	. Mar	vland	injured at home, farm, industry, public place (wh	here?)			
18. Funeral director	ST	118	lison	Means of Injury	Injured at work?			
-	mmitsburg		vland (10	65.10	(Valle	he &		
	4	_ 7	11 th XI. 1	23. SIGNATURE	M. D.	or other		
Date rec'd by re	2 4 19 4 5 gistrar		Registar	Address 3744 Julio On	Ly Mate signed.	0		



to the first terms of the first

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06069

CERTIFICATE OF DEATH

Reg. Diat. No. 131

	rick derick tistide eity or town of death? 22 street address when South	Years death occurred Street		2. USUAL RESIDENCE (For newborn infants state Maryland City or town Frede (if outside of Street No. 50 East 2.(a) If veteran, name war	rick ty or town limit South	Fred s. write RURAL s Street c LOCATION)	erick	est town)
3. (a) FULL NAME		PH LOR	ENZO LONG			3. (b) Social	Security N	umber
4. Sex	5. Color or race	6.(a)Singh	, married, widowed; or diversed	II MI	EDICAL C	ERTIFICAT	TION	
M	W		M	20. OATE OF DEATH	Tune	2nd,		. 6 P M
6.(b) Name of huoband- 7. Sirth date of deceased (mo., day, yr	Oato	sa May	Harrison (1) If alive, give age 68 (1873)	21. I CERTIFY that death occurrers	ed on the date ab 19. FAD	ove stated; that I a , to June	ittended doceas	19
8. AGE: Years	Months 17	Days 23	If less than one day	Immediate cause of death	col !	benon	logs	Jo Lui
1D. Usual occupation 11. Industry or business	Merchan Own Sto	county, and s		Oue to	oue	, , , , , , , , , , , , , , , , , , ,		5 /
12. Name. Solid Bong. 13. Birthplace Frederick County Maryland 14. Maldeo name Cornelia Miller 15. Birthplace Frederick County Maryland				(Include preg	********************			
Mrs. Louisa H. Long Address 50 E. South St., Frederick, Md.				Autopsy results	,.,			*****************
Burial (Burial, exemption, or removal, White) Cemetery or company of the compan			22. VIOLENCE: If death was to Accident, suicide, or homicide Where did injury occur?	(City or town)	(Couu	ate ofty)	(State)	
Frederick, Maryland 18. Funeral director M. R. Etchison and Son Address Frederick, Maryland 19. H. Lline 1945 - Elizabeth J. Hech.				Means of Injury 23. SIGNATURE	w (Saer "	Exam.	

JUN 6 1945 BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and unith.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

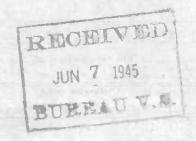
2411 N. Charles St., Baltimore 3300

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1	0 8 /Bush	6	1	7	1)	

CERTIFICATE OF DEATH

Reg. Dist. No. 131

County Frederick Frederick—Rural R. F. D. #5 (If outside city or town limits, write RURAL and give nearest town) 2 Months How long in above place of death? Hospital, institution, or street address where death occurred: Rocky Spring How long in hospital or institution?	2. (SUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick CH, Frederick-Rural R, F, D, #5 (If outside city or town limits, write RURAL and give nearest town) Rocky Spring (If rural, give LOCATION) None 2.(a) If veleran, name war.
JONATHAN MAIN	3. (b) Social Security Number None
4. Ses 5. Color or race 6.(a)Singlet married, widomed, or diverced M M M	MEDICAL CERTIFICATION 20, DATE OF DEATH. June 4th, 1545 , 1 11:154
8.(b) Name of husband or wife Margaret Catherine Summer 6.(c) Name of husband or wife Margaret Catherine Summer 6.(d) Name of husband or wife Margaret Catherine Summer 6.(e) If alive, give ege 66 years 7.8 ith date of deceased (mo., day, yr.) July 9, 1868 8. AGE: Years Months Days If less than one day 76 10 25 hrs. min. Frederick County Maryland (Town, county, and state) 10. Usual occupation. None 11. Industry or business 12. Name Jonathan C. Main 13. Birthplace Frederick County Maryland 14. Maiden name Cornelia Brandenburg 15. Sirthplace Frederick County Maryland 16. Informant Mrs. Margaret S. Main Address Frederick, Md. R. F. D. #5 17. Burial Dale thereof (Month) (day) (year) Cemetery or season, Reformed Cemetery Middletown, Maryland	Due to
18. Funeral director. M. R. Etchison and Son Address Frederick, Maryland 19. 5 (Date redd by registrar) (Date redd by registrar) Registrar	Means of Injury Injured # work? M. D. M. D. or other Frederick, Maryland Date signed 6-5-45



PLEASE

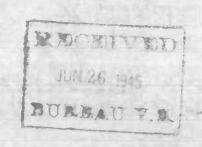
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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D		N.T.		4	3	1

1. PLACE OF DEATH: Trudemak!	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fob.pg/born infagts give residence of mother)
County Tree de Nieke	state Mary land county Tredente
(If outside city or town limits, write RURAL and give nearest town)	Fudewill)
How long in above place of death?	City or town (if quiside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 615 6NAW &.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jacob Maniel / Immule)	None
4. Sex 6. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male / White Widowal	20. DATE OF DEATY 6 - 21 - 19 45 at 330 4 M
6.(b) Name obtanion wife Cara Minnis	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
δ.(c) If elive, give age years	Luxe 12 19 45 , 10 June 2/51 19.45
7. Birth date of	and that last saw h and alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
79 7 19 hrs. min.	Organic Cardene yell
Million Fredrick Co. T. Md.	The back of Same and
9. Birthplace (Town, county, and atate)	Due to Caronia
16. Usual occupation. Day Carolin /	LA I WALL
11. Industry or business	Due to
	Other conditions
12. Name	
	(Include pregnancy within 3 months of death)
14. Maiden name & Usalvith Weller	Major findings of operations.
15. Birthplace	Date of op
16. Informant PMM / MANAGE	Antopsy results
Address al Musicultaning, Mal.	
17 Sural Date thereo Lane 23 1945	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, ecometion, or randow, Which!) (month) (day) (year)	
Cemetery or eventury A with Wall A with the company of the company	Where did injury occur?
Location Med Med	Injured at home, farm, Industry, public place (where?)
18. Fuoeral director Glaslis (p.	Means of Injury Injured at work?
Address Middletawa Md.	Whenes & (I mense Iv
CD. Day & II	23. SIGNATURE M. D. scother
19. (Date for d by registrar) 19 X S Registrar	Address Judenet, M. Bate signed 6 21-45
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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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06072

CERTIFICATE OF DEATH

Reg. Diet. No. 131

County Frederick Frederick Frederick County C	1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Reverted County Maryland Clayer Frederick, Maryland Clayer Frederick Clayer Fred	Frederick_Rural			***************************************	State Maryland County Frederick		
Birth place of desirity Borner Bo	(If outside city or town limits, write RURAL and give nearest town)		RURAL and give nearest town)	Frederick			
How long in hospital or institution? 13 Days 2.(a) If reteran, name war. None ARCHIBALD MURDOCK MURRAY A. Set					(If ontside city or town limits, write RURAL and give near	est town)	
Hew long in hospital or institution? 13 Days 2.(a) Hreteran, name war. None ARCHIBALD MURDOCK MURRAY 4. Set	Emerge	ency Hosp	ital			***************************************	
ARCHIBALD MURDOCK MURRAY 4. Sax 5. Color or race M S 6. (c) Name of husband or wife. 5. (c) If alliv., give age. 7. September 7, 1874 8. AGE: Verr Meeths Painter 10. Usual occupation. Painter 11. Industry or business 12. Name. Edward B. Murray 13. Sirbplace Frederick County Maryland 14. Maiden name. Annie McCauly 15. Sirbplace Frederick County Maryland 16. Informani Emergency Hospital Records Address Frederick, Maryland, Maryland 17. Burial 18. Prederick, Maryland, Maryland 19. Burial 10. Burial 10. Burial 10. Burial 11. Burial 12. Burial 13. Burial 14. Maiden name. Annie McCauly 15. Sirbplace Frederick County Maryland 16. Informani Emergency Hospital Records Address Frederick, Maryland, Maryland 18. Frederick, Maryland 18. Frederick M. R. Etchison and Son 18. Freneral director. M S S. (c) If alliv., give age. 9. (c) DAYE OF DEATH June 25th, 19. 45 als 1.5 P. M 21. I DEEL PROPERTY INTERVITED AND A STATE TO THE AND A STATE TO T	27 9			3	None		
ARCHIBALD MURDOCK MURRAY 4. Sex						7 1	
M W S 8. (c) Name of husband or wife. 8. (c) It alire, give age. 9	0. (a) 1022 I		ALD M	JRDOCK MURRAY		umber	
8. (a) Name of hurband or wife. 8. (b) Halve, give age. 9. Birth date of deceased (no., day, yr.) September 7, 1874 8. AGE: Vears Moeths Days Hiles then one day 70 9 18 hr. min. 9. Birthplace Frederick-Frederick-Maryland Corne courty, and state) 10. Usual occupation. 11. Industry or business 12. Name Edward B. Murray 13. Sithplace Frederick County Maryland 14. Malden name Annie McGauly 15. Sithplace Frederick, Maryland, Mary 16. Informant Emergency Hospital Records Address Frederick, Maryland, Mary 16. Informant Frederick, Maryland, Maryland 17. Burial County Maryland 18. Informant Frederick, Maryland, Maryland 18. Informant Frederick, Maryland 18. Informant Frederick, Maryland 18. Informant Frederick, Maryland 19. Date thereof 6/28/45 (mooth) (day) (vear) 19. Cemelery or assessment Mount Olivet Cemetery 19. Location Frederick, Maryland 19. Funeral director Me R. Etchison and Son 19. Funeral director Me R. Etchison and Son 19. Funeral director Me R. Etchison and Son	4. Sex	5. Color or race	6.(a)Singi	e, married, widewed, or divorced	MEDICAL CERTIFICATION		
Section Sect	M	W	S	v.	20. DATE OF DEATH. June 25th, 1945	8:15 P	
1. Sirth date of deceased (mo. day, yr.) September 7, 1874 8. AGE: Tears Mooths Days If less than one day 70 9 18	6.(b) Name of husban	d or wife	***************************************				
1. September 7, 1874 8. AGE: Years Months Days If less than one day 18 Months 70 9 18 Months Mrs. Min. 9. Birthplace Frederick-Frederick-Maryland (Town, county, and state) Painter 10. Usual occupation. Painter 11. Industry or business 12. Hame. Edward B. Murray 13. Birthplace Frederick County Maryland 14. Maiden name. Annie McCauly 15. Birthplace Frederick County Maryland 16. Informant Address Frederick, Maryland, Mary 17. Burial 18. Burial 19. Date thereof. 6/28/45 ((Burial, commation of security Mount Olivet Cemetery or Mount Olivet Cemetery or Mount Olivet Cemetery or Mount Olivet Cemetery 18. Funeral director. M. R. Etchison and Son Means of injury holding, public place (where?) Means of injury Injured at work?			8.0	c) If alive Five are weare	13 10 43 to five)	18.43	
8. AGE: Years Months Days Heles than one day 70 9 18	7. Birth date of	Santa			and that lest saw have allve on the same all the same allve on the same allve on the same allve on the	19.45	
70 9 18 hrs. min. 8. Birthplace Frederick-Frederick-Maryland (Town, county, and state) 10. Usual occupation. Painter 11. Industry or business 12. Hame Edward B. Murray 13. Birthplace Frederick County Maryland 14. Malden name. Annie McCauly 15. Birthplace Frederick County Maryland Emergency Hospital Records Address Frederick, Maryland, Mary 16. Informant Emergency Hospital Records Address Frederick, Maryland, Mary 17. Burial 18. Funeral director. Frederick, Maryland Frederick, Maryland Date thereof 6/28/45 (month) (day) (year) (contin) (contin) (day) (year) (City or town) (County) (State) Injured of home, farm, ledustry, public place (where?) Means of Injury Injured at work?		17.00			Immediaty cause of death	DURATION	
(Town, county, and state) Painter 10. Usual occupation. Painter 11. Industry or business 12. Name Edward Be Murray 13. Birthplace Frederick County Maryland 14. Maiden name. Annie McCauly 15. Birthplace Frederick County Maryland 16. Informant. Emergency Hospital Records Address Frederick, Maryland, Mary 17. Burial Burial Burial Burial Burial Burial Cemetery or manufacture (month) (day) (year) Cemetery or manufacture (month) (day) (year) Location Means of injury Mount Olivet Cemetery Frederick, Maryland Means of injury Means of injury Injured at work?		9		hrsmlp.	Tuenovayeama	5 ULYS	
10. Usual occupation. Painter 11. Industry or business 12. Name	9. Birthplace Fre				Due to Myo conded de conforsation	10 Hours	
11. Industry or business 12. Name. Edward B. Murray 13. Stribplace Frederick County Maryland 14. Maiden name. Annie McCauly 15. Stribplace Frederick County Maryland 16. Informant Emergency Hospital Records Address Frederick, Maryland, Mary 17. Burial Burial Bate thereof. 6/28/45 (month) (day) (year) Cemetery or seconds Mount Olivet Cemetery Location Frederick, Maryland Injured at home, farm, lodustry, public place (where?) Injured at work?				state)			
12. Name Edward B. Murray 13. Stribplace Frederick County Maryland 14. Malden name Annie McCauly 15. Stribplace Frederick County Maryland 16. Informant Emergency Hospital Records Address Frederick, Maryland, Mary 17. Burial Bate thereof. 6/28/45 Cemetery or assessing Mount Olivet Cemetery Location Frederick, Maryland Frederick, Maryland Maryland Date thereof. Maryland Frederick, Maryland Maryland Maryland Maryland Commonth (day) (year) Where did injury occur? (City or town) (County) (State) Injured at work?	10. Usual occupation	raint	e T.		Que to Cardiac A sthrae	290	
13. 8irthplace Frederick County Maryland 14. Malden name Annie McCauly 15. 8irthplace Frederick County Maryland Emergency Hospital Records Address Frederick, Maryland, Mary 17. Burial (Burial, cramation, or several Which) Cemetery or several Which) Location Frederick, Maryland (Include pregnancy within 8 mouths of death) Major findings of operations. Major findings of operations. Major findings of operations. Major findings of operations. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured et home, farm, lodustry, public place (where?) Means of injury injured at work?	11. Industry or busine	ess D	V/n n no no n n				
14. Malden name Annie McCauly (Include pregnancy within 8 months of death)	里 12. Name	wara b.	durra	y	Other conditions Charee My cue dels	[3]	
Address Frederick, Maryland, Mary 17. Burial (Burial, cramation, or removal Which) Cemetery or removal Which) Location Frederick, Maryland Location M. R. Etchison and Son PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured et home, farm, lodustry, public place (where?) Means of injury injured at work?			ty Maryland	4 Carnay Secross			
Address Frederick, Maryland, Mary 17. Burial (Burial, cramation, or removal Which) Cemetery or removal Which) Location Frederick, Maryland Location M. R. Etchison and Son PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured et home, farm, lodustry, public place (where?) Means of injury injured at work?	14. Malden name	Annie M	cCaul;	у			
Address Frederick, Maryland, Mary 17. Burial (Burial, cramation, or removal Which) Cemetery or removal Which) Location Frederick, Maryland Location M. R. Etchison and Son PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured et home, farm, lodustry, public place (where?) Means of injury injured at work?	S 15. 8irthplace	rederick	Count	ty Maryland		• • • • • • • • • • • • • • • • • • • •	
Address Frederick, Maryland, Mary 17. Burial (Burial, cramation, or removal Which) Cemetery or removal Which) Location Frederick, Maryland Location M. R. Etchison and Son PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured et home, farm, lodustry, public place (where?) Means of injury injured at work?	. En	nergency 1	Hospi	tal Records			
17 Burial Bate thereof 6/28/45	TA S	rederick.	Marv	land. Marv			
Cemetery or seements. Mount Olivet Cemetery Location Frederick, Maryland Injury occur? M. R. Etchison and Son Means of Injury					22. VIOLENCE: If death was due to external causes, fill in the following:		
Location Frederick, Maryland Injured et home, farm, lodustry, public place (where?) 18. Funeral director M. R. Etchison and Son Means of Injury Injured at work?	(Burial, crematic	n, or removal. Which?	Date ther	(month) (day) (year)	Accident, suicide, or homicide		
Frederick, Maryland Injured et home, farm, lodustry, public place (where?) M. R. Etchison and Son Means of injury Injured at work?	Cemetery or another	Mount	Olive	t Cemetery	Where did injury occur?	(State)	
18. Funeral director M. R. Etchison and Son Means of Injury injured at work?				Maryland			
	19 Eunaral director	M. R.	Etchi	son and Son	Means of injury Injured at work?		
					O.P.A.		
23. SIGNATURE	Address	110001	60	Am la 11 A	23. SIGNATURE / / / / / / / / / / / / / / / / / / /	M. D.	
19. 28 the 19.45 Chabelle 3 the Segistrar Address Jefferson, Maryland Bate signed 6-27-45	19. 28 Zu	ne 1845-	C	habelle J. Heck.	Jefferson Maryland	6-27-45	



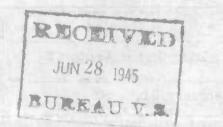
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County	the d		g Gridorff	(For newborn infants give residence of a	mother)	
City or to (1f	outside city or town l	CK imits, write F	URAL and give nearest town)			
Hospital, Institution, o	e of death? 15. r street address where aney Apart	death occurred	l:			
How long in hospital of	or Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM	IE				3. (b) Social Security Number	
	ADAM McME	CALOUS	ORNDORFF		None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, as divorced				MEDICAL CE	ERTIFICATION	
Male	White	1000	Married	20. MATE BE DEATH June 25	19.45 at 6 p. M	
		В.(ner Orndorff () If allve, give age 58 years	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from	
8. AGE: Year		Days	If less than one day	Immediate cause of death.	- VINTINI	
63		4		Walling U	and the same	
1D. Usual occupation. 11. Industry or busines	ss None	B&O F	ailroad Conductor	Due to		
12. Name	Hezekiah Unkno		<u>ff</u>	Dther conditions		
14. Malden name	Sugar Tie		r	(Include pregnancy within 8 m		
14. Malden name 15. Birthplace	West Ving	กำกำล		Major findings of operations		
			rff			
18. Informant	Frederick			PHYSICIAN: Please underline the cause to wh	aich death should be charged statistically.	
Address 17. Burial (Burial, cremation) Cemetery or council	, or removal, Which	Date then	June 28, 1945. (month) (day) (year) Ceme tery	22. VfOLENCE: If death was due to external cause Accident, suicide, or homicide Where did injury occur?(City or town)	Date of	
	Kno	xville.	Maryland	Injured at home, farm, Industry, public place (wh		
	C. I			Means of injury	Injured at work?	
Address	Free	derick,	Maryland	A A FENT	Mus	
19. 26 Ulue	19.14.5.T.	8	izalette & Hech.	23. SIGMATURE	M. D. or other	

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PLEASE WRITE

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Frederick-Rural R. F. D. #4 (If outside city or town limits, write RURAL end give nearest town)	State Maryland County Frederick Frederick-Rural R. F. D. #4
How long in above place of death? 35 years Hospital, institution, or street address where death occurred: Near Jefferson	(If outside city or town limits, write RURAL and give nearest town) Sireet No. Near Jefferson (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war None
3.(a) FULL NAME JOHN WESLEY PEARL	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or directed M M	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 45 21 5
6.(b) Name of husbard of wife Sarah Smith Second of Sarah Smith Second of Sarah Smith	21. I CERTIFY that death occurred on the date above stated; that lettended deceased from
7. Birth date of deceased (mo., day, yr.) October 13, 1879	and that I lest saw h
8. AGE: Years Months Days If less than one day 65 8 4min.	Immediate or tip of death DUR Selswary & depute 3 L
9. Birthplace Frederick County Maryland (Town, county, and state) None None	Due to Carcusua Paluse 24
11. Industry or business 12. Name	Diher conditions Malnulation 67
Lillie A. D. Waskey 14. Malden name Frederick County Maryland	(Include pregnancy within 3 months of death) Major findings of operations.
Mrs. Sarah S. Pearl **Rederick, Maryland - R.F.D.#4** **Rederick	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically
Burial Burial Bate thereof (Mootth) (Jay) (year) Cemetery or erematory: Lutheran Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Jefferson, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at wgrk2
19. 18 - Line 1845 - Eliabethy Hechs. Registrar	23. SIGNATURE M. D. or other Address Date signed 6/1/



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Job-ff CERTIFICATE OF DEATH

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Frederick Maryland Frederick-(rural) (If outside city or town limits, write RURAL and give nearest town) Rural-near Frederick Junction (If outside city or town limits, write RURAL and give nearest town) Lifetime How long in above place of death?.. Hospital, Institution, or street address where death occurred: Emergency Hospital (If rural, give LOCATION) hours How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION White Male Married Annie L. O'Bryan October 20, 1879 deceased (mo., day, yr.) DURATION Days If less than one day Months 8. AGE: 65 12 Frederick, Maryland (Town, county, and state) Retired Railroad man 10. Usual occupation. 11. Industry or business Nicholas Perkins 12. Name. Frederick County & Maryland 13. Birtholace (Include pregnancy within 8 months of death) Annie Bailey 14. Maiden name. Frederick County, Maryland 15, Birthplace Mrs. Frank W. Perkins 16. Informant PHYStCIAN: Please underline the cause to which death should be charged statistically. Near Frederick Junction, Maryland Address 22. VIOLENCE: If death was due to external causes, fill in the following: 17. Burial (Burial, cremation, or removal. Which?) Date thereof June 3, 1945 (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) Mt. Olivet Cemeterv Cemetery or crematory Frederick, Maryland Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? C. E. Cline & Son 18. Funeral director... Frederick, Maryland M. D. or other Frederick, Md. (Date rec'd by registrar



PLEASE WRITE PLAINKY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 34

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Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick County				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Maryland Count City or town Damascus (If outside city or town limits, Street No	write RURAL and give nea OCATION) 3. (b) Social Security	Number	
Harv	ey Poole					219-07-89	02
4. Sex 5.	Color or rece	6.(a) Single	, married, widowed, or divorced			RTIFICATION	
Male \	White	Ma	arri ed		20. DATE OF DEATH June 11	19.45	.,at. 5:25Pm
7. Birth date of	18 8 6 8 6 8 6 8 8 8 8 8 8 8 8 8 8 8 8 8	ie H.	Poole Oil alive, give age 47	years	21. I CERTIFY that death occurred on the date abov April 30	e stated; that I attended dece 45, to June 1	19.45
deceased (mo., day, yr.) 8. AGE: Years	1 Months		If less than one day		Immediate cause of death	logie	DURATION 4 Yrs.
48	1	5	hrs.	mln.	Pulmonary Inpercu	4.9.242	
10. Usual occupation	Interio:	r Dec	Md. fate) orator ., Md.		Due to		
# 14. Malden nameA.	nnie Gu	е			Major findings of operations		
14. Malden nameA	ontgome	ry Co	. Md.		Major Hadings of Operadous.		
16. Intermant D	eceased			*******	Antopsy results	ich death should be charged	
17(Bnrial, cremation, or Cemetery or crematory	removal, Which?)	Date there	of Mulay (y	0/14/4 (ear)	Accident, suicida, or homicide	(County)	(State)
Location Mo			nd	************	injured at home, farm, industry, public place (wh	Injured at work?	
			MaloyMand	Registrar	23. SIGNATURE Sana toriu	/ /m~ _{M. D}	*** 6/12/45

ATTACKED OFFICERS

BUBBAU V.S.

ADING INK. Supply every item of information earefully. The correct age Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH CAN is especially important.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Baltimore

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH June 14 1945 at 7:05Am
6.(6) Name of Kushand Krywite. Roselyn M. Powers B.(c) If allve, give ege years	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan us ry 2 19. 42 10. June 14 19. 45 and that I last saw h im alive on June 14 19. 45
deceased (mo., day, yr.) UCT. 10, 1905	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 3 yrs., 9 mos.
9. Birthplace Bal ti more, Md. (Town, county, and state) 10. Usual occupation. Steel Worker 11. Industry or business 12. Name William M. Powers 13. Birthplace Bal ti more, Md.	Broncho-pleural Fistula Due to Pulmonary Tuberculosis 2 yrs Other conditions
14. Malden name Ellen B. Leonard 15. Birthplace Baltimore, Md.	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
16. Informant Deceased	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Burial (Burial, cremation, or removal. Which?) Cemetery & Ration Baltimore	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Baltimore, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director M. L. Creager & Son	Means of Injury Injured at work?
Address / Thurmont, Mary Mary	23. SIGNATURE M. D. 37 MINEY
19. 9/14 HV /406	23. SIGNATURE M. D. X MINYX Address State Sanatori um. Md. Date signed 6/14/45

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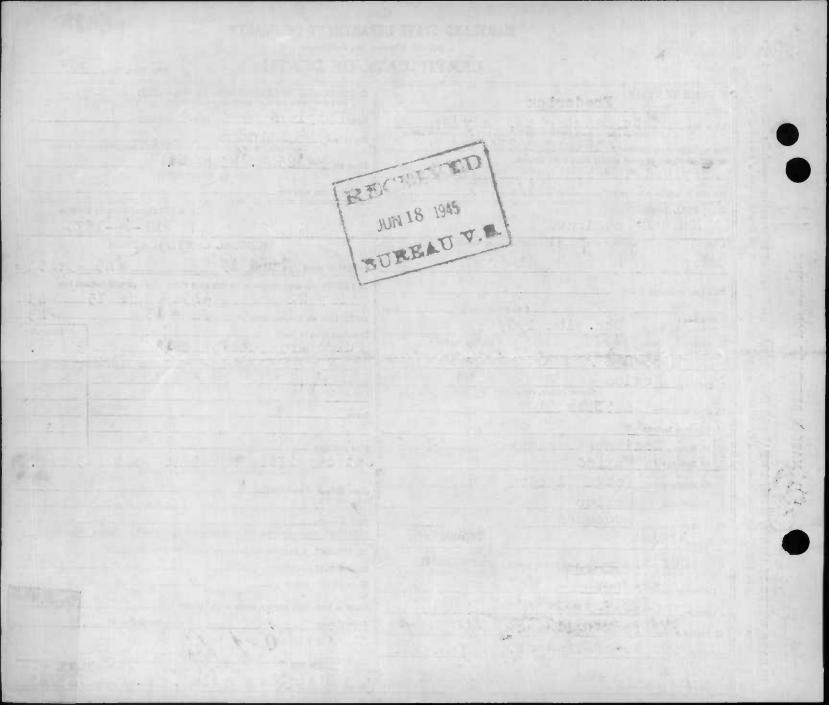
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19-4

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Reg. Diat.	No

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. State Sanato ri um. Mary land (If outside city or town limits, write RURAL and give nearest town	state Maryland County
(If outside city or town limits, write RURAL and give nearest town how long in above place of death? Since 5/22/45	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 225 N. High St.
Maryland Tuberculosis Samatorium	Street No. (If rural, give LOCATION)
How long in hospital or institution? Since 5/22/45	2.(a) If yeteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Manuel Rodriguez	213 -09-1570
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White divorced	2D. DATE DF DEATH. June 15 19.45 at 3:45 A.M
6.(b) Name of husband or wife	
6.(0) Name of husband or wife	May 22 19.45 to June 15 19.45
7. Birth date of deceased (mo day, yr.) Dec. 16, 1909	
deceased (mo., day, yr.) DCC • 10 , 1909 8. AGE: Years Months Days If less than one day	Immediate cause of death
3.5 6 0hrs.	Pulmonary Tuberculosis 3 Mos.
153	Due †é
9. Birthplace Mexico (Town, county, and state)	
1D. Usual occupation. Laborer	Dué to.
11. Industry or business	
E 12. Name Benigne Rodriguez Mexico	Diher conditions
X 13. Birthplace Mexico	Osteomyelitis of Right Foot 3 Yrs. (Include pregnancy within 3 months of death)
14. Malden name. Petra Olmedo 15. Birthplace Mexico	Major findings of operations
15. Birthplace Mexico	Major indings of operations. Date of op.
16. Informant Deceased	Antoney results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	194522. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial (Burial, cremation, or removal, Which?) Bate thereof (manth) (day) (fee	ar) Accident, suicide, or homicide
Cemetery or crematory Drikerown Holy Godon	Where did injury occur? (City or town) (County) (State)
Location Unknown Baltimore, Md	Injured at home, farm, industry, public place (where?)
16. Funeral director Frank Pollanese Balla M	Msans of Injury Injured at work?
Address 502 N. M.	a 06 /
1111	23. SIGNATURE M. D.
19. U (Datelree i) by registrar)	egistrar Address State Sana to rium, Md. Date signed 6/15/45



willy The correct age and legibly.
information cares
VS A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly an
MARGIN RESERY UNFADING INK. 5
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TE PLAIN
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 49-60)

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CEDMINION OF DEAM	
CERTIFICATE OF DEAT	L

1 38	
	121
or Dist. No.	131

1. PLACE OF DEATH: Gounty Frederick Rural - New Doubs Frederick (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of		
				state Maryland Frederick Bural-Near Doubs		
How long in above place of death? 8 months Hospital, Institution, or street address where death occurred: Emergency: Hospital			d:	(If ontside city or town limits, write RURAL and give nearest town) 18 Street No.		
How long in hospital or				(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAMI			INIA ROSSMAN		3. (b) Social Security I None	Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or diversed	MEDICAL CE	ERTIFICATION	
Female	White	W	idowed	20. DATE OF DEATH. June 27	19. 45	at.11:45pm
6.(6) Name of husband or wife: Frederic G. Rossman 6.(6) It allve, give age years 7. Birth date of				21. I CERTIFY that Beath occurred on the date above stated; that lattended deceased from		
deceased (mo., day, y	r.) Septe	mber 3	. 1875			
8. AGE: Years	100000	Days	It less than one day	Immediate estate at death		DURATION
69	9	24	hrsmln.			/
9. Birthplace Woodsboro, Maryland (Town, county, and state) 10. Usual occupation Housewife				Due to Primary in mulara	1 44	
11. Industry or business Retired Schoolteacher					•••••	
Henry O. Zimmerman 12. Name Woodsboro, Maryland				Other conditions The had had heavy		
			aryland	Include Pregnancy within 8 r	months of death)	
Martha E. Albaugh 14. Malden name Martha E. Albaugh 15. Birthplace Woodsboro, Maryland			baugh	Major findings of operations.		
15. Birthplace Woodsboro, Maryland				Major naungs or operanous		
16. Istormant Mrs. Elmer Michael Doubs, Maryland				Antopsy results		statistically.
Address Burial				22. VIOLENCE: If death was due to external cau		
17. Burial Bate thereof June 30, 1945 (month) (day) (year)				Accident, suicide, or hemicide		
Cemetery or creaming Mt. Olivet Cemetery			t Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	Fre	derick	, Maryland	Injured at home, farm, industry, public place (wi		
18. Funeral director	C.	E. Cli	ne & Son	Means of InJury	Injured at work?	0) 1/ 0
Address			, Maryland	23 CICHATUDE A MUAI	11 10 Class	8/ 0
19. 2 %	L 19 4 5	13	izaleth & Hack	23. SIGNATURE Address Lucleuch		6- 28 FJ

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M. M. Cont

1 PLACE OF DEATH.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 USUAL RESIDENCE (HOME) OF DECEASED.

CERTIFICATE OF DEATH

7 ()6()8() Reg. Diat. No./34

County Frederick	(For newborn infants give residence of mother)	
	State Maryland county Frederick	
City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 47 Vears	City or town	
Hospital, Institution, or street address where death occurred:	Street No. 308 Main Street	
308 Main Street	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Effic Mae Nonnia Rowe	no	
Effic Mac Norris Rowe 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
7/2 4 / 3/	(1) 2 (15- 118)	
Fm White Married	20. DATE OF DEATH 19 31 // M	
8,(b) Name of husband or wife Ma Frank Rowe	21. I CERTIFY that death of ourred on the date above stated: that I altended deceased from	
	92 (0 19 0 to) Mile 7 19 20	
	and that I last saw h. C.A.)allye on	
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death OURATION	
0.7.00.	Orelra hemorhay 2mo	
70 11 20hrsmin.		
9. Birthplace	Due to Neghertendery - sulal years	
10. Usuai occupation Housewife	Due to.	
11. Industry or business		
置 12. Name Joshua Norris	Other conditions	
13. Birthplace Frederick Co., Md		
	(Include pregnancy within 3 months of death)	
H 14. Maiden name Alice Munisioner	Major findings of operations	
14. Maiden name Alice Munisipower 15. Birthplace Frederick Co. Md.		
18. Informant Mac Rowe	Autopsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 6 montoberg, Ind.	22. VIOLENCE: If death was due to external causes, fill in the following:	
Bate thereof Jine 10, 1945 (Burial, cremation, or removal, Wbich?)	Accident, suicide, or homicide	
Cemetery or crematory Elias Lutheran		
	Where did injury occur?	
Location Emmitsburg, Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director A. L. C. C. Sort	Means of Injury Injured at work?	
Address Emmitsburg, Md.	WIN Call his	
1 2 21 -01	23. SIGRATURE M. D. or other	
19 June 9 19 45 116 though	8.45 La 8.45	
(Date rcc'd by registrar)	Address Date signed O	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick	State Maryland county Frederick
City or town Runal near Grace ham B.D. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 45 Years	City or town Rural near Graceham RaDa Md. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Annie Rachael Trene Seis	None
4. Sex 5. Color or race S. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH. Luce 18 19.45, at 6 9, M
	21x1 CERTIFY that death occurred on the date above stated; (that I attended deceased from
6.(6) Name of husband or wife	Had not attend for 19 to the death - 19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) June 24, 1858	Immediate cause of death Meast failure due to OURATION
8. AGE: Years Months Days If less than one day	Myrcardites Chouce 1420r.
86]] 24hrsmin.	
8. Birthplace Adams County, Pennsylvania (Town, county, and state)	Due to Old age debitity
(Town, county, and state)	
10. Usual occupation Housewife	Due to.
11. Industry or business	A
E 12. Name Jacob Heagey 13. Birthplace Adams County, Pennsylvania	Other conditions alive Cold with
13. Birthplace Adams County, Pennsylvania	Caughing Seizurer 3days
14. Maiden name Rebecca Cronise	(include pregnancy within 3 months of death)
15. Birthplace Frederick County, Maryland	Major findings of operations.
	Date of op
16. Informant Miller	Antopsy results
Address Thurmont, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof June 21, 1945 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Evergreen Cemetery	Where did injury occur?
Location Gettysburg, Pennsylvania	Injured at home, farm, Industry, public place (where?)
18. Funeral director 2. Collision	Means of injury Injured at work?
Admess Emmitsburg, Maryland	Nagle in
The same of the sa	23. SIGNATURE M. D. or other
19 (Date rec'd by registrar) 19 45 Umma Miller Registrar	the trans
(Date lee o by registrar)	Address Date signed August 17 7

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF I	derick			2. USUAL RESIDENCE (HOME) 0 (For newborn infunta give residence of	F DECEASED:	
Frederick- Rural R. F. D. #1				State Maryland County		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 Year & 6 Months			URAL and give nearest town)	Baltimore		
How long in above place of death? 1 Year & 6 Months			6 Months	City or (If outside city or town limits	, write RURAL and give n	earest town)
Rospital, Institution,	or street address where	death occurred				
1.0	. O. F. H		•••••	Street No. (If rural, give		
How long in hospita	or institution? 1 Y	ear &	6 Months	2.(a) If veteran, name war None	*****	V
3. (a) FULL NA	ME				0.000	N - 1
5. (a) 1022 H		WESLE	Y SHANKLIN		3. (b) Social Security None	y Number
4. Sex	5. Color or race	6.(a)6ingl	married, widowed, or diversed	MEDICAL CH	RTIFICATION	
M	W		W		29th, 1945	1:25P
0.433 H	Alic	e M. 1	Montgomery	21. I CERTIFY that death occurred on the date abo	ve stated: that I attended dec	ceased from
8.(0) Name of Russe	me-or Wife	****************		June 20 18.		
7. Birth dats of			e) If alive, give ageyears		4/4	/
deceased (mo., da	y, yr.) August	14,	1860	and that I last saw has same alive on		
	ars Months	Days	If less than one day	Immediate cause of death	***************************************	DURATION
8	4 10	15	brsmin.			10 8 6
Baltimore County Maryland				- worked with hote title for the death of the solid	What of f	
8. Birthplace				Due to		***
1D. Usual occupation. Blacksmith						
		***************	•••••••••••••••••••••••••••••••••••••••	Due to	242	•••••••••••
11. Industry or busin						
里 12. Name	saiah Sha	nklin		Dither conditions . Quemaiphen		***
			ty Maryland			
14. Malden name. Sarah Cox 15. Birthplace Harford County Maryland				(Include pregnancy within 3 n	nontha of death)	
E 14. maiden nan	17 0 3 0		34 3	Major findings of operations.	***************************************	
≥ 15. Birthplace	Harlord U	ounty	Maryland		Date of op	
18. Informant I. O. O. F. Home Records				Autopsy results. Now		
Address Frederick, Maryland				PHYSICIAN: Please underline the cause to wh	ich death should be charge	d statisticaDy.
				22. VIOLENCE: If death was due to external cau	ses, fill to the following:	
Burial (Burial, cremation, or removal. Which?) Date thereof, 7/2/45 (month) (day) (year)			of(month) (dog) (1995)	Accident, suicide, or homicide	Date of	
Cemetery or crematory Waugh Chapel Cemetery			Cemetery			
Cometery or crematory Wattgir Criaper Centerery Location Glenn Arm, Maryland			3 3	Where did injury occur?(City or town)	(County)	(State)
Location	Glenn A	rm, Ma	aryLand	Injured at home, farm, industry, public place (wh	ere?)	************
18. Funeral director M. R. Etchison and Son				Means of Injury	Injured at work?	
Address	Frederi	.ck, Ma	aryland	1111	7	M D
1-9.	ly 1843	13	ligabeth & Hech	23. SIGNATURE		M. D.
13. A	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************	A. A. Kiramia a.	Frederick, Mars	riand	h=100=45

EFFECT TO STATISTICS

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PLEASE WRITE

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159 CERTIFICATE OF DEATH

06083

Reg. Dist. No. 131

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County (If outside city of fown limits, write RURAL and give nearest town) Street No. (If cural, give LOCATION) NOTICE 2. (a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Barbara Cun Anga	None
4. Sex Scolor or race 6.(a) Single, married, widowed, or divorced S	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 17 1945 - 21 10 45 4
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I chended deceased from
7. Birth date of deceased (mo., day, yr.) Mul 17, 1945	and that I last saw halive on
8. AGE: Years Months Days If less than one day 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Due to.
10. Usual occupation. Infant 11. Industry or busyess Silver of Member of Member	Due to
12. Name devord Vernon Okeyker 13. Birthpiace Morefeeld, West Varquea	(Include pregnancy within 8 months of death)
14. Malden name Estil Mar Paretter	(Include pregnancy within 8 months of death) Major findings of operations
\$ 15. Birthplace legisledown, Wgst Unguera	
16. Informant Supplied Texts Miles	Autopsy results
Burial (Burial, cremation, or removal, Wildin) Bate thereot	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery or comments. Mount Olivet Cemetery	Where did injury occur?
Location Frederick, Maryland	tnjured at home, farm, Industry, public place (where?)
18. Funeral director M. R. Etchison and Son	Means of Injury Injured at work?
Address Frederick, Maryland	23. SIGNATURE H Lawrence Faking mid
19 /8 June 19 45 Elizabeth & Heck	Address Frederick. med Bate stand 6-17-45



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

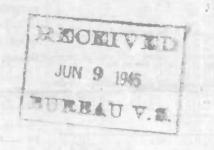
2411 N. Charles St., Baltimore 940)

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CERTIFICATE OF DEATH

Reg. Dist. No.

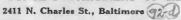
1. PLACE OF DE	ATH: derick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Kno	xville -	Rura		Manufand Frederick		
City or town			URAL and give nearest town)	State Mary Land County Freder		
How long In above place of death? 35 years			rs	City or town MIOAVILLE - RUPAL and (If outside city or town limits, write RURAL and	cive nearest town)	
Hospital, Institution, or				St. Marks		
St. 1	Marks	• • • • • • • • • • • • • • • • • • • •			0 * 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
How long in hospital or	Institution?		***************************************	(If rural, give LOCATION) NOTE	·····	
3. (a) FULL NAMI	E			3 (b) Social S	ecurity Number	
	ANNA	CRENE	STINE	None	bearing availables	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	N	
F	W		W	2D. DATE OF DEATH. June 4 18	45 11 A	
6.(6) Name of husband	Hiran	n F. S	Stine	21. I CER) IFY that death occurred on the date above stated; that I after		
				June 1 01041 in 12	ere 4 19 41	
7. Birth date of	Tan Tan T		c) If allve, give ageyears	end that I last saw h W allve on June 2	- 1945 ⁻	
deceased (mo., day, y	July 14	10			DURATION	
8. AGE: Years		Days	If less than one day	Immediate cause of death Celuson	5 mi	
68	10	20	hrs, min.		***************************************	
a Blobalace Nr.	Middleto	own-Fi	rederick-Maryla	nd Carnary Scleroses	140	
	(Town,	county, and	state)	Due to		
1D. Usual occupation	At Home	3		- Also Dealuis MN Y	. 1590	
11. Industry or business				Dua to.	24	
	nknown			Ly Market J		
王 12. Name		mown	***************************************	Diver conditions	el-Re-	
		TIOWII		(Include pregnancy within 8 months of death)	my a	
14. Malden name	Unknown			Major findings of operations		
2 15. Birthplace		Jnknov		Date of o	D	
16. Informant Mrs. L. L. Clevenger				Aetopsy results.		
Address Brunswick, Maryland				PHYSICIAN: Please underline the cause to which death should he		
Audiess				22. VIOLENCE: If death was due to external causes, fill in the following	g:	
(Burial, cremation, or removal. Which?) Date thereof				Accident, suicide, or bomtoide	of	
0	St. Mar	rks C	emetery	Where did injury occur?	,	
Cemetery or crematory St. Marks Cemetery						
Location St. Marks-Knoxville, Md. Rural			***************************************	injured at home, farm, industry, public place (where?)		
18. Funeral director. M. R. Etchison and Son			on and Son	Means of Injury Injured at w	orgo	
Address	Frederic	ck, Ma	aryland	la hopert	91,00	
0	, , , , , , , , , , , , , , , , , , , ,	6	7 2 4-	23. SIGNATURE	M. D. or other	
(Date rec'd by reg	19.4.5.		Summe Manut	Address A Keenson ng Date	signed 6/5/45	



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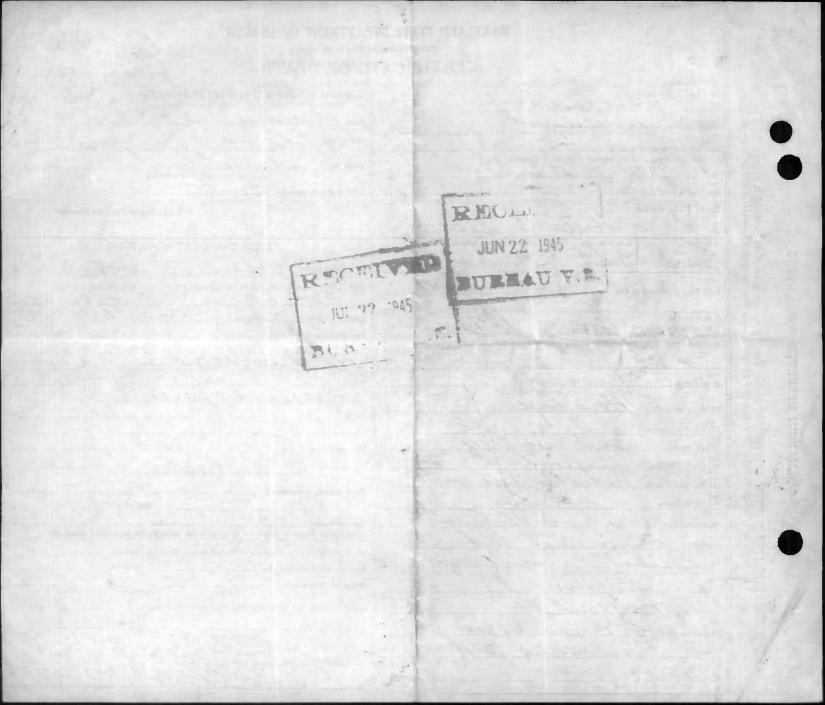
MARYLAND STATE DEPARTMENT OF HEALTH



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CERTIFICATE OF DEATH Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Table 1	State Many County Tuesday
City or town (If outside city or town limits, write RURAL and give nearest town)	la
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 23 West C St
	(If rural, givo LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Hattie C. Stouts	3. (b) Social Security Number
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temes haite Married	2D. DATE OF DEATH. THE STATE OF DEATH AT STATE OF DEATH.
B.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last saw he had alive on 19.5%
deceased (mo., day, yr.) Hov. 15 1879	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
63 7 —hrs,min.	Paparlas Hart Venace More
9. Birthplace. Virginia	Due to
9. Birthplace(Jown, county, and state)	asheroses the
1D. Usual occupation	Due to.
11. Industry or business	
12. Name Frank Shipley 13. Birtholace Uniquis	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name India Elizabeth Castle 15. Birthplace Usignisis	Major findings of operations.
15. Birthplace Usignesia	Dafe of op.
16. informant Miss Blosie V. Slouls	Antopsy results.
Address Brunswick md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 1 Aug 20 1841	22. VIOLENCE: If death was due to external caoses, fill to the following;
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lineary	Where did injury occur?
Location Levelt 5 will la	Injured at home, farm, Industry, public place (where?)
18. Funeral director L. H. Fuelle & Bro	Means of Injury Injured at work?
Address Brunsmit Md	23. AIGNATURE
18. July 20-18 4 5 Essence Martin	M. D. or other

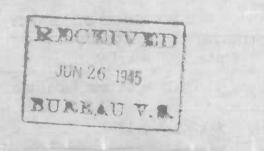


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 193

	. (!	01	18	6	
1.	Total		1	3	1

				Reg. Diat. 140		
1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	ederi ck		***************************************	State Maryland county Frederick		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			URAL and give nearest town)	Rur al-Frederick	************	
How long in above place Hospital, institution, or	street address where d	eath occurre	***************************************	(If outside city or town limits, write RURAL and give nearest	t town)	
	College			Street No. Near Frederick Junction	•••••	
How long in hospital o	r Institution?		e	2.(a) if reteran, name war		
3. (a) FULL NAM			***************************************		•••••••	
	CHARI		VARD STUDEBAKER	3. (b) Social Security Nur 214-104-061		
4. Sex	5. Color or race	6.(a) Sing	married, widowall medical	MEDICAL CERTIFICATION		
Male	White	Mar	ried	20. DATE DE DEATH 1888 2 19 45 at	12/5 N	
B.(b) Name of Incland	or wife Pau	line E	sther Ramsburg	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from	
		8.6	e) If alive, give age32years	19, to		
7. Birth date of		- 4		and that t last saw have on June 22	19.445	
deceased (mo., day,)		Days	1 it less than one day	Immediate cause of death	DURATION	
36		6		Electrocution	=====	
			hrs min.		**********	
9. Birthplace	Frederick (Town, o	County	, Maryland	Due to Comming une doutant	************	
				with live were	***************************************	
1D. Usuat eccupation	rirema	n_at_r	lood College	Due to	**********	
11. Industry or busines						
12. Name	John	R. H.	Studebaker	Dther conditions		
13. Birthplace	Frede	rick.	Maryland			
14. Malden name.		-	rod	(Include pregnancy within 8 months of death)		
6				Major findings of operations		
≥ 15. Birthplace			ounty, Maryland	Date of op.	***************************************	
16. Informant Mrs. Charles E. Studebaker				Autopsy results	••••••	
Address	Near .	Freder	ick Junction, Md.	PHYSICIAN: Please underline the cause to which death should be charged stati	istically.	
17 Burial				22. VIOLENCE: tf death was due to externat causes, fill in the following:	4- 14	
17 Burial			of June 25, 1945. (month) (day) (year)	According anional of homestanding	22-45	
Cemetery or cremate	Mt. O	livet	Cemetery	Where did injury occur? The City or town (County) (County)	tate)	
Location Fraderick, Maryland		Maryland	tnjured at home, farm, industry, public place (where?)	2		
18. Funeral director C. E. Cline & Son			& Son	Means of Injury Electric U Injured at work? The	4	
Address	Frede	rick.	Maryland	09 1 20		
dall		GL	- O An leli o	23. SIGNATURE D. J. Sporman	hor	
(Date reck) by re	gistrar)		Mallelle J. Heck	Address Dedick not Date signed 12	2/45	



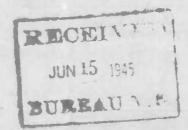
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-8

Reg. Diat. No. 13

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State 21 a 24 Land County 2 montgomery
(If outside city or town limits, write RURAL and give nearest town)	et. of.
How long in above place of death? 251 on the	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
I rederick City Hospital	(If rural, give LOCATION)
How long In hospital or Institution? 2 months	2.(a) If veteran, name war
3. (a) FULL NAME Thompson, Mrs Louis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(α) Single, married, widowed, σ. Invoced	MEDICAL CERTIFICATION 20
Frank W Massin	0
On Floring	20. DATE OF DEATH 19.5 21 6 - M
6.(b) Name of husband or wife.	21. I CERTIFY that reall occurred on the date above stated; that rettended deceased from
6.(c) If alive, give age 4.5 years	Cyn 3 19 55 , to James 12 19 45
7. Birth date of deceased (mo., day, yr.) May 31 - 1902	and that I last saw b
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
43 0 /2hrsmin.	Myverd'el Jufficieny 3 mo
a substance of and	The total of
9. Birthplace 220 0 2009 (Jown, county, and state)	Due to Memoria Heart Streets 6 mo,
10. Usual occupation or original Wife	Daniel Grand
11. Industry or business	Due to.
12. Name Suther Murphy 13. Birtholace 200 Leony Co 200	Dther conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name / Change	Major findings of operations
15. Birthplace Montgony & o 2mg	Date of op.
16. Informant I ba Thompson	Antopsy results. And
0 4	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cramation, on temoral, tynichi) Date thereol. (gonth) (day) (year)	Accident, suicide, or homicide
Cemetery or grennatory IST Classif	Where did injury occur?
Th. 1	Control of the contro
Location Carrier Carrier	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director 10 1 2 at the	means or tolary influence at works
Address aylonsville my	a a-t 9 m3.
13 7 60 0 10 0	23. SIGNATURE M. D. or other
(Date ree'd by registrar) Registrar	Address Frederick, Md. Bate stoned 6/82-/4-



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 850

CERTIFICATE OF DEATH

*	,	2	~/	
Reg. Diat.	No. /	5.	8	

	The state of the s
1. PLACE OF DEATH: Fooder' k	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newboru infants give residence of mother) State MARY AND County FREDERICK
(If outside city or town limits, write RURAL and give nearest town)	0/- /
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. P.D. mt. Piky
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Samuel E. Tho	m A S 3. (b) Social Security Number
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE Colored MARRIED	20. DATE DE DEATH 130 \$ 100 1945 1130 \$ 100 11
6.(0) Name of husband or wife. Adelaid Thomas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19 7 10
deceased (mo., day, yr.) MARCh 21, 1876	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death Demorrhage month
69 2 20min.	
9. Birthplace FREMERICK Co. Md. (Town, county, and state)	Due to attenda Leteronia 10 years
10. Usual occupation FARM LABORER	
11. Industry or business	Due to
	B.L Mil.
12. Name TANK TAOMAS 13. Birthplace MARY/AND	Dther conditions
	(luclude pregnancy within 8 months of death)
14. Malden name JANE TREHY MAN	Major fiadings of operations
15. Birthplace MARY IANA	Date of op.
fB. Informant HARLAIA Thomas	Autopsy results.
Address mt. Airy, mg,	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof 6-13-45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, exemation, or removal, Whichi) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or eremetery DORSCYS (NAPE)	Where did injury occur?
Location New hordon, Fred. Co. md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director 6.74 Walls	Means of Injury Injured at work?
1:000	6 1 P P - L
Address Que field. Mid	23. SIGNATURE CNEEK 1. NOOP
19 Kens / 2 1845 Vergas / Follows Registrar	Address New Market Md Bate signed time 12/45

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JUN 21 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

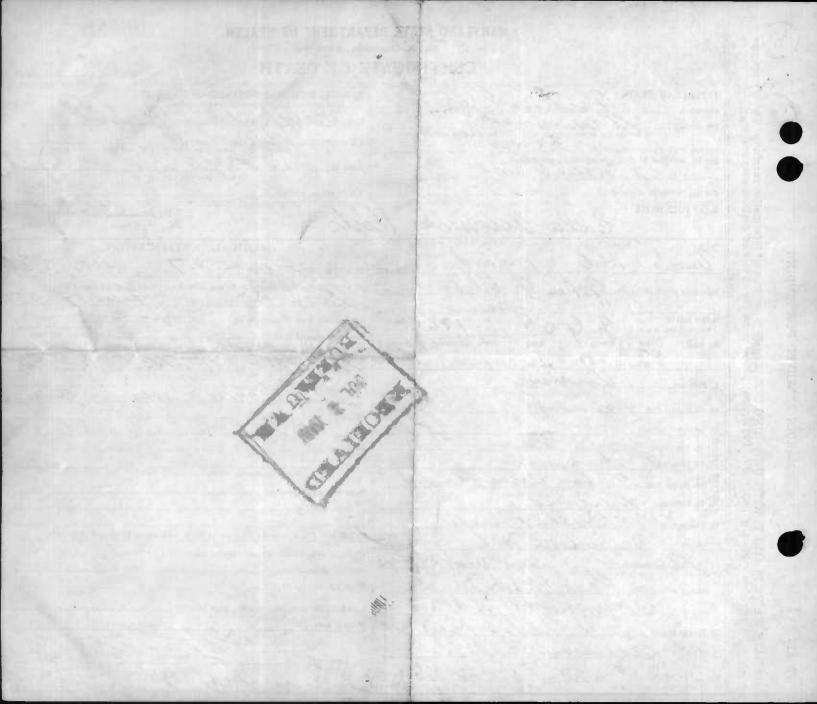
CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 83-0

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76	90		4	
Reg.	Dist.	No.		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Ludeur 1	(For newborn infants give residence of mother)
City or town	State Mary Land County Judens
	City or town
How long in above place of death?	(If outside city or town limits, waite RUBAL and give nearest town)
Hospital, Institution, or street address where death coursed:	Street No. Co D Maple USP.
602 mape and	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Ella Viignica VI	ats 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, matried, widowed or divorced	MEDICAL CERTIFICATION
tenuale white midines	2D. DATE OF DEATH THERE 27 19 45 at / 24 M
and of West	
9.(b) Name of husband or wifa	21. I CERTIES that death occurred on the date above stated; that I attemded deceased from
	19.75
7. Birth date of deceased (mo., day, yr.) Puly 54 1862	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediata cause of death DURATION
83 11 22hrsmin.	
	Mary July
8. Birthplace	Due to
	Essentialores from
1D. Usual occupation. Monacurfe	Due to
11. Industry or business	
12. Name Orseleh Muse	Dther conditions.
12. Name Drafth Muse 13. Birtholace Vivoinia	
	(Include pregnancy within 3 months of death)
14. Maiden name Barbura Arme Bagent	Major findings of operahous
15. Birthplace Villyinia	Date of op.
16. informant Mrs Bertha Barger	
in the	PHYSICIAN: Pleaso underline the cause to which death should be charged statistically.
Address Parenswick Md.	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17. Buriel Date thereof June 29.1945	
(Burial, cremation, or removed Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Brunswick Mil	Injured at home, farm, industry, public place (where?)
1 H Just 1 Past	Means of Injury Injured at work?
18. Funeral director.	- Mila
Address Bursend MA.	Herell MA
1 29 117 6	23, SIGNATURE M. D. or other
19 June 27 19 4 B Curren Manteir (Bate rec'd by registrar)	the same of the same of the same
Registrar	Address Date signed Color

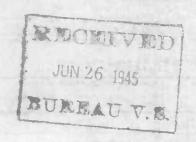


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 49 2

CERTIFICATE OF DEATH

The state of the s			
1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Frederick - Qual	Manyland Fraderick		
(If ootside city or town limits, write RURAL and give nearest town)	Frederick		
How long in above place of death?	City or City and City on town Health, marks DVIDAT, and give a capacit form)		
Hospital, Institution, or street address where death occurred:	Street No. 104 West Sixth Street		
Emergency Hospital	(If rursi, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war None		
3. (a) FULL NAME	3. (b) Social Security Number		
JULIA VIRGINIA WALKER	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION		
F C M	2D. DATE OF DEATH. June 22th, 1945, at 5 A		
6.(b) Name of husband or and James T. Walker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	May 16 19.43 10 June 22 18 UN		
7. Birth date of deceased (mo., day, yr.) December 25, 1892	and that I last saw h. L. alive on J. U.M. L. 25 19. 19. Y.		
8. AGE: Years Months Days if less than one day	Immediate caose of death		
52 -53 5 17	of vulva 3403		
Frederick-Frederick-Maryland	Due to.		
(Town, county, and state)	Due to		
1D. Usual occupation. At Home	Due to		
11, Industry or business	DUC (U		
E 12 Name Charles Hall	Other conditions		
13. Birthplace Frederick County Maryland			
	(loclode pregnancy within 8 months of death)		
14. Malden name. Henrietta Tyler 15. Birthplace Frederick County Maryland	Major findings of operations Squame ous cell Coromon		
James T. Walker	Date of op. Jan. 2.2. 45		
16, Informant	Actopsy results		
Address 104 W. 6th St., Frederick, Md.			
Burial (Burial, compation, or removel. Which) (Burial, compation, or removel. Which) (Burial, compation, or removel. Which)	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burlal, exemation or removed: Which Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or Fairview Cemetery	Where did injury occur?		
Frederick, Maryland	Injured at home, farm, Industry, public place (where?)		
M. R. Etchison and Son	Means of Injury Injured at work?		
Address Frederick, Maryland	23. SIGNATURE J. R. Schooling M. D. or other		
ON: NAN A	23. SIGNATURE. M. D. or other		
19. 25 June 19 45 - Elisabeth 4 Hecla.	Frederick, Maryland 6-22-45		



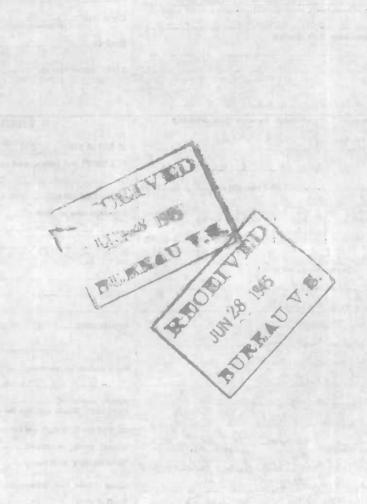
The correct age

PLEASE WRITE PLAINLY, WI'NH VNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and regibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Mear Emuitatury Pareal	State runinglaced county & rederich
(If outside city or town limits, write KURAL and give nearest town)	12 6 177 2
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
mary Lover Work	none
4. Sex 5. Color or raco 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
Fouch white married	20. DATE OF DEATH July 22 - 19.45 at 6.30 A, M
8.(b) Name of husband or wife Willeam Hamilton Wearth.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 69 years	January 1 - 1945 - 10 June 22- 1946
7. Birth date of 6. 19. 19.19.19	and that I last saw hele alive on June 25 - 19 45
uuceaseu (mu., uay, yi.)	Immediate cause of death
48 8 9	leaves of the gall dust 2 years
8. Birthplace Crusal Ceo. Wed	Due to Chilelithraces 2 years
(Town, county, and atate)	
1D. Usual occupation	Que to.
11. Industry or business Nousework	
12. Hame John Fair	Other conditions Choleyatilis 4 years
13. Birthplaco Central Co. Wed	
	(Include pregnancy within 3 months of death)
14. Maiden name Elizabeth Kasher 15. Birthplace Cassall Co, Uld	Major findings of operations W afteralions
E 15. Birthplace Carell (e), Uch	X Ray Boardine Date of op.
16. Informant you A. Meach Tursband	Autopsy results. 2000-
Address Eministratures , Wel , R.F. D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 1 1/21/1/1	22. VIOLENCE: it death was due to external causes, till in the tollowing;
(Burial, cremation, or removal Which?) Daje theroot (proght) (day) (year)	Accident, suicide, or homicide
Tagel W Res 19 Hoteles	Where did injury occur?
Cometery or cromatory	(City or town) (County) (State)
Location January Man	injured at home, tarm, industry, public place (whore?)
18. Funeral director	Moans of tnjury Univ Injured at work?
Address Janey Cours WK	CO CLOURTHER GLORGE M. Rigge Rup
June 23 45 - Eddel 14 Medings	23, SIGNATURE. M. D. or other
19.	5144 C-77.194



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

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			0	20

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
h . (Inodenseli	(For newborn infants give residence of mother)
County	State Maryand Sunty Tigherch
(If outside city or town lights, write RURAL and give nearest town)	
	(if optside city or town limits, write RURAL and give nearest town)
How long in above place of death?	01. 1 %
Mury Que Herfeld	Street No. Allest abando St.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jury Washereston Will	tuere name
4. Sex 5. Color or tace // 6.(a) Single, married, widowal, or divorced	MEDICAL CERTIFICATION 30
There white wilow	16. 50
The transfer of the total to	20. DATE OF DEATH MALL De 19 Tourne M
Kete Tol	21. I CERTIFY that death socurred on the date above stated; that tallended deceased from
6.(b) Name of husband or wife.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Birth date of deceased (mo., day, yr.) aleg. 25, 1859	and that last saw h
	Immediaje cause of death
o. Add.	Pulmay ellega 7 148
\$3 7 0hrs. /min.	2 thausteri
& Richaige arrall Creuty Marsaus	
9. Birthplace. (Town, county, and state)	Due to Translating
Tax de la	armos caran acraicy
10. Usual occupation.	Due to
11. Industry or business ;	Similatie.
El Willeam Willer a	
12. Name Willeam Wtulmers 1 13. Birthplace Markaud	Dther conditions
13. Birthplace	(Incinde pregnancy within 3 months of death)
14. Maiden name Benea Gettinger 15. Birthplace . La Maryland.	
15 Richariace 1 . Marland.	Major findings of operations.
\$1 15. Birthplace	Date of op
16. Informant Marques Order	Autopsy results
Dec a 1 that Fulance III	PHYSICIAN: Please underline the cause to which death should be charged statistically.
April 100 miles of the second	22. VIOLENCE: If death was due to externat causes, fill in the following;
(Burial, cremation, or removal. WMch?) Date thereof (Mull) (day) (year)	Accident, sutcide, or homicide
Cemetery or crematory aspher skrautikus	Where did injury occur?
Location Messal Thursensont & Bud.	Injured at home, farm, Industry, public ptace (where?)
200.	Means of Injury Injured 3t work?
18. Funeral director of held and the	D 4 Ld.
Address hurmont, Md,	23. SIGNATURE . J. Mice
1	M. D. or other
(Date rec'd by registrar)	Address Land Mate signed 6/5 /c/)

